



**Scituate Public Schools**  
Scituate, Massachusetts

**Scituate High School**  
**Student Withdrawal Form**

Today's Date: \_\_\_\_\_ Counselor: \_\_\_\_\_

I am withdrawing my son/daughter \_\_\_\_\_ from Scituate High School for the following reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature or Student Signature  
(if over 18 years of age)

Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Locker: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Will the student be attending another school?  
If so, please indicate which school.

Teachers must complete this section:

Subject	Current Grade	Books Returned	Teacher

The following signatures are required prior to withdrawal:

\_\_\_\_\_  
Librarian Nurse  
\_\_\_\_\_  
Community Service Coordinator Assistant Principal  
(for 3 ½ year graduates only)

A transfer card will not be issued until this form is completed.

Submit completed form to your Guidance Counselor.