



# Tech-savvy Citizens

## WITHDRAWAL OR TRANSFER REQUEST FORM

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requested Withdrawal Date: \_\_\_\_\_

Name of Student's Next School: \_\_\_\_\_

Please Circle One:     In PG County     In State, Outside of PG County     Out of State

**If next school is outside of Prince George's County, please provide address:**

\_\_\_\_\_  
\_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Requesting Withdrawal: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_