



# Chesapeake Math IT South Middle High School WITHDRAWAL OR TRANSFER REQUEST FORM

RETIRO O SOLICITUD DE TRANSFERENCIA

Please print clearly and include all requested information and email this for  
form to [Claporte@cmitsouth.org](mailto:Claporte@cmitsouth.org)

Por favor escriba con letra clara toda la información solicitada.

Date/ Fecha: \_\_\_\_\_

Student's Full Name (Please PRINT)/ Nombre completo del estudiante: \_\_\_\_\_

ID# \_\_\_\_\_

**Last Name**

Primer Apellido

**First Name**

Primer Nombre

**Middle Name**

Segundo Nombre

DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Fecha de Nacimiento (Mes/Día/Año)

My son/daughter has IEP

Mi hijo/hija tiene

Yes

No

504

Yes

No

## Reason for Transfer/Withdrawal: (Check one)

Motivo de la transferencia/Retiro : (Marque uno )

Transfer to another Prince George Co. School

Traslado a otra Escuela del Condado de P.G.

Public

Pública

Private

Privada

Evening School

Escuela Nocturna

Out of County:

Fuera del Condado \_\_\_\_\_

Public

Pública

Private

Privada

GED or Job Corp

Out of State

Fuera del Estado

Public

Pública

Private

Privada

Employment/Work

Empleo/Trabajo

Out of Country:

Fuera de País \_\_\_\_\_

Name of the School where the student is transferring to: \_\_\_\_\_

Nombre de la escuela donde el estudiante se traslada

I understand that my son/daughter needs to return all books and materials that belong to the school and must clear all monetary obligations to the school.

Yo entiendo que mi hijo/hija tiene que devolver todos los libros y materiales que pertenecen a la escuela y tiene que cancelar toda obligación monetaria que debe a la escuela.

Parent/Legal Guardian Name/Nombre/ Tutor Legal : \_\_\_\_\_

Cell No./ Telefono celular: (\_\_\_\_) \_\_\_\_\_

Home No./ Telefono de la casa (\_\_\_\_) \_\_\_\_\_

## FOR SCHOOL USE ONLY/PARA EL USO DE LA ESCUELA

Withdrawn Request by:

\_\_\_\_ Parent/Guardian

\_\_\_\_ Administrator

\_\_\_\_ PPW

PS 105 (Compulsory Age & over) to:

\_\_\_\_ Counselor

\_\_\_\_ Principal

\_\_\_\_ PPW

\_\_\_\_ WD Notification Forms to teachers

\_\_\_\_ SR---7 WD/Transfer

\_\_\_\_ PS---46 Permanent Card

\_\_\_\_ Transcript

\_\_\_\_ Grades and Schedule SchoolMAX

\_\_\_\_ Locker clean up

\_\_\_\_ Apex---Evidence of Birth

\_\_\_\_ Apex--- Residence Verification

\_\_\_\_ Apex Electronic Cards

\_\_\_\_ CUM FOLDER/LAF in WD file

SR--5 Health:

\_\_\_\_ Records request

\_\_\_\_ Records received

\_\_\_\_ In WD Excel Comp

504 Plan \_\_\_\_ YES \_\_\_\_ NO

IEP \_\_\_\_ YES \_\_\_\_ NO