



CLARKSBURG HIGH SCHOOL

22500 Wims Road * Clarksburg, Maryland 20871
Telephone 240-740-6000 * Fax 301-601-4667

WITHDRAWAL STATEMENT

PLEASE COMPLETE ALL INFORMATION; PRINT CLEARLY:

I, _____, parent/guardian of _____,

ID # _____, Grade _____, request that my student be withdrawn from Clarksburg High School. Their last day attending Clarksburg High School will be _____.

My student will be:

_____ Attending another high school: _____ MCPS _____ non-MCPS

Name of new school: _____

Location: _____

Attending night school

Earn a GED

Other (please explain) _____

I understand that my student needs to return all books and materials that belong to Clarksburg High School and must clear all monetary obligations. Failure to clear will result in the issuing of an unofficial transcript to any academic institution or employment agency.

Parent/Guardian Signature

Date

Parent/Guardian Phone Number: _____

Home Phone

Cell Phone

SCHOOL COUNSELING SERVICES: 240-740-6020 FAX: 301-601-4970