



DENMARK-OLAR HIGH SCHOOL

197 Viking Circle

Denmark, South Carolina 29042

Phone: (803) 793-3307

Fax: (803) 793-2004

Student Withdrawal Form

Date: _____

Student's Name: _____

Last

First

Middle

Homeroom Teacher: _____ Grade: _____

Last Day of Attendance: _____

Reason for Withdrawal: _____

Parent's/Guardian's Signature: _____

SUBJECT	CURRENT GRADE	BOOKS RETURNED	FINES	TEACHER'S INITIALS
1.				
2.				
3.				
4.				
5.				
6.				

Signatures:

Media Specialist

Attendance Office

Office Manager/Bookkeeper

Principal

Guidance Counselor

PLEASE RETURN THIS FORM TO THE GUIDANCE OFFICE