



CORPUS CHRISTI CATHOLIC SECONDARY SCHOOL  
STUDENT SERVICES WITHDRAWAL NOTICE



# SHSM WITHDRAWAL FORM

STUDENT NAME: \_\_\_\_\_ OEN#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF WITHDRAWAL: \_\_\_\_\_

GRADE: \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT/ GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SHSM TEACHER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SHSM TEACHER NOTES:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY: NOTIFICATIONS DONE**

MAIN OFFICE:

TEACHERS:

DEMITTED IN POWERSCHOOL:

AUTHORIZATION SIGNATURE \_\_\_\_\_