

Owings Mills High School

Official Notice of Student Withdrawal/Transfer



Date and Time Packet will be picked up:

Withdrawals take 2 school/business days to process.
All School property MUST be returned and all financial obligations met before any school records will be released.

Student Information (One form must be filled out for each student)

Student's Legal Last Name:	Students Legal First Name:	Middle Name:	Suffix:
Grade Level:	Date of Birth (mm/dd/ccyy):		

Reason for Withdrawal:

- | | |
|---|--|
| <input type="checkbox"/> Transferring to another Baltimore County Public School
School Name: _____
<input type="checkbox"/> Transferring to another Maryland Pubic School/Private School
School Name: _____
<input type="checkbox"/> Transferring Out of State
State: _____ City: _____
School Name: _____ | <input type="checkbox"/> GED Program
<input type="checkbox"/> Job Corp
<input type="checkbox"/> Home Schooled
<input type="checkbox"/> Lack of Interest
<input type="checkbox"/> Exit Interview
<input type="checkbox"/> Illness
<input type="checkbox"/> Other: _____ |
|---|--|

Course	Quarter Grade at time of W/D	Outstanding Obligations	Teacher Signature

Office Use Only

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Health Folder from Health Suite | <input type="checkbox"/> Locker Empied | <input type="checkbox"/> Library |
| <input type="checkbox"/> Attendance Card Retrieved | <input type="checkbox"/> Gym Locker Emptied | |
| <input type="checkbox"/> Student Withdrawn in STARS | <input type="checkbox"/> Books | |
| <input type="checkbox"/> W/D CODE _____ | <input type="checkbox"/> Cumulative Folder Sent _____ | |

Parent/Guardian Information: Please note that Parent/Guardian must show picture Identification for withdrawal of a student.

Parent/Guardian Name (Printed):			
Current Address:	City:	State:	Zip:
Phone:			
Parent/Guardian Signature (Required):		Date:	