



Received by: _____

Date: _____

Official School Withdrawal Form

Student's name: _____

Home address: _____

City: _____ State: MI Zip code: _____

Telephone: _____ Date of birth: ____/____/____ Grade level: _____

Withdrawal date: ____/____/____

Reason for leaving: _____

New School: _____

New School Address: _____

New School Phone: _____

I authorize Henry Ford Academy: School for Creative Studies to transfer my student's school records.

Parent's Signature: _____ Date: _____

Withdrawal Checklist

___ Fees paid in full

___ Locker cleaned out

___ Donate uniform?

___ Class books returned

___ Sports uniforms returned

Please note: Student records can not be released until all financial obligations are met.