

**CHINO VALLEY UNIFIED SCHOOL DISTRICT
EXIT/WITHDRAWAL FROM SCHOOL**

DATE: _____

SCHOOL NAME : Chino High School

Student Legal Name: _____

DOB: ____/____/____

Grade: _____ SEX: M ____ F ____

Exit Date: _____

Print Parent/Guardian Name: _____

New Address: _____

Street

City

State

Zip

.....

New School Name: _____

Address / City / State: _____

☐ Public School

☐ Private School (Please check one)

IF SCHOOL IS UNKNOWN, GIVE CITY AND STATE WHERE STUDENT WILL RESIDE.

City: _____ State: _____

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Reason student is leaving:

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By completing and signing this form, I understand the following:

1. I am withdrawing from school a minor who is under my care.
2. I am obligated to enroll the minor in another school or school program without delay.
3. I am responsible for any debts owed to the school.
4. Student diploma can be withheld from me until all debts are paid.
5. Although I may have a debt, I must enroll the minor in school without delay.

Parent / Guardian Signature

Date

Relationship to Student: _____

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For Office Use Only: CDE Exit / Withdrawal Code: _____ CSIS #: _____ CDS# 3667678 **3632502**

Staff Signature _____

This form must be kept on file for two school years.

Revised 1/30/08