

Notice of Withdrawal

For Students between 16 and 18 Years Old

STUDENT'S NAME _____	DATE OF BIRTH _____
ADDRESS _____	STUDENT ID NUMBER _____
_____	TELEPHONE NUMBER _____

NUMBER OF CREDITS COMPLETED _____

INSTRUCTIONS:

1. A one-(1) hour session shall be held with the school counselor, who shall sign this form.
2. Prior to withdrawal, the student and parent must attend a meeting with both the Principal/designee of the high school and the Director of Pupil Personnel. These meetings will take approximately one (1) hour and can be held either jointly or separately. Please contact the high school Principal and the Director of Pupil Personnel at the numbers listed below.

Washington County High School Principal
 601 Lincoln Park Rd.
 Springfield, KY 40069
 Phone: (859) 336-5475
 FAX: (859) 336-5983

Director of Pupil Personnel
 Washington County Schools
 120 Mackville Hill Rd.
 Springfield, KY 40069-1013
 Phone: (859) 336-5470; FAX: (859) 336- 5480

3. At the end of the meeting(s), the staff member from the high school and the Director of Pupil Personnel shall sign this form below.
4. The parent shall present this form to the Principal or designee of the student's home school.

THE STUDENT WILL BE WITHDRAWN FROM ENROLLMENT UPON COMPLETION OF ALL ABOVE STEPS. THE STUDENT SHALL CONTINUE TO ATTEND SCHOOL UNTIL THE WITHDRAWAL IS COMPLETE. ALL APPLICABLE COMPULSORY ATTENDANCE LAWS WILL BE ENFORCED.

_____ <i>School Counselor's Signature</i>	_____ <i>Date</i>
_____ <i>Principal/designee's Signature</i>	_____ <i>Date</i>
_____ <i>Director of Pupil Personnel's Signature</i>	_____ <i>Date</i>

I do not wish to take advantage of meeting with the Principal and Director of Pupil Personnel to discuss alternatives to my child dropping out of school.

Parent/Guardian's Signature *Date*

I certify that I am the parent or legal guardian of _____, who has expressed his/her intent to withdraw from the Washington County Public Schools. I further certify that the student and I have met the high school counselor, with the Principal/designee of the high school and a Director of Pupil Personnel where we were informed of the impact of dropping out of school and the alternative to leaving school. I am in agreement with my child's decision to withdraw from school and give my permission for him/her to withdraw from school prior to graduation.

_____ <i>Parent or Guardian's Signature</i>	_____ <i>Date</i>
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Student Dropout Questionnaire
Kentucky Department of Education

Student Dropout Questionnaire
In accordance with KRS 159.140 and 702 KAR 7:125

District: _____
School: _____

Student Name: _____

Grade Level: _____

Age: 16 17 18 or over

What is the *primary* reason the student is withdrawing from school? (check one)

- | | | | |
|--------------------------|--------------------------|------------|--------------------------|
| Course selection | <input type="checkbox"/> | Employment | <input type="checkbox"/> |
| Student/teacher conflict | <input type="checkbox"/> | Marriage | <input type="checkbox"/> |
| Failing classes | <input type="checkbox"/> | Pregnancy | <input type="checkbox"/> |
| Boredom | <input type="checkbox"/> | Illness | <input type="checkbox"/> |

Was the student in an alternative setting prior to withdrawal from school? Yes No
If *no*, was an alternative setting available? Yes No

Had the student received individual counseling prior to this meeting? Yes No

Was the student involved in school-sponsored extracurricular activities? Yes No

Does the student have an educational disability requiring an IEP? Yes No

Has the student ever been suspended? Yes No
If *yes*, how many times? _____

Has the student ever been expelled? Yes No
If *yes*, how many times? _____

Is the student eligible for the free/reduced lunch program? Yes No

Does the student plan to earn a GED? Yes No

Optional:

What is the highest level of education completed by either parent/guardian? (check one)

- Elementary School Middle School High School College Graduate School

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Guidance Counselor: _____ **Date:** _____