



TRIAD MATH AND SCIENCE ACADEMY
 700 CREEK RIDGE RD
 GREENSBORO NC 27406
 Phone (336) 621-0061 Fax (336) 621-0072

All signatures and fees must be completed. Please allow 48 business hours for processing of all withdraw paperwork.

For Office Use Only

Student Withdrawal Form –High School

Student's Name: _____ Date: _____

Date of Birth: _____ Gender: _____ Year in School: _____ Phone: _____

Reason for Withdrawing:

Confirmed by:
 _____ / _____

(Registrar's Signature) (Personal Contact, Note, Telephone)

Signatures needed in order to withdraw:

Business Office: _____ Counselor: _____

Media Center: _____

Locker #: _____ Combination: _____

EC Teacher: _____

Period	Subject	Was the book returned? If not, we need title & # Of book NOT returned	Teacher's Signature	%Grade	Letter Grade

RETURN FORM TO HIGH SCHOOL DEAN AFTER COMPLETION.



TRIAD MATH AND SCIENCE ACADEMY
700 CREEK RIDGE RD
GREENSBORO NC 27406
Phone (336) 621-0061 Fax (336) 621-0072

PERMIT TO WITHDRAW

Date

Student Name

Grade Level

Address

Phone Number

Date of Birth

Parent/Guardian: _____

Reason for Withdrawal: _____

Administrator/Counselor

I request my child's records be sent to a transferring school: Yes _____ No _____

School Transferring to: _____

Mailing Address: _____

Copies: Principal, Parent/Guardian, Cumulative