# Archdiocese of Miami • Official Withdrawal Form

**School Name**

|  |
| --- |
| GENERAL INFORMATION |
| Last Name: |  | First: |  | Grade: | School Year: 20\_\_\_\_ -20\_\_\_\_ |
| Address: |  | Date of Birth: |  |
| City: | State: | Zip Code: | Social Security Number:  |

|  |
| --- |
| Final obligations checklist (All obligations must be met before transcripts and/or records are sent to another school.) |
| **Department** | **Notes / Amount Due** |  | **Authorized Signature for Clearance** |
| **[ ]**  | Activities |  |  |  |
| **[ ]**  | Athletics |  |  |  |
| **[ ]**  | Cafeteria |  |  |  |
| **[ ]**  | Deans |  |  |  |
| **[ ]**  | GovernmentScholarship  |  |  |  |
| **[ ]**  | ID Card |  |  |  |
| **[ ]**  | iPad  |  |  |  |
| **[ ]**  | Tuition |  |  |  |
| **[ ]**  | Other |  |  |  |
| Total Due |  |  |  |
| **[ ]**  | Registered (Will not attend next school year (20\_\_\_ -20\_\_\_) |

|  |
| --- |
| Transcript Request |
| Transcripts/Withdrawal forms to be sent to the school listed below: |
| Name of school:  |
| School Address:City, State & Zip: |
| *Please note that if a transfer school is not listed, we will notify Miami Dade or Broward Public Schools that the above student has withdrawn.* |

|  |
| --- |
| ACKNOWLDGEMENT  |
| **PARENT SIGNATURE:** | **DATE:** |
| **STUDENT SIGNATURE:** | **DATE:** |

|  |
| --- |
| **\*\*\*FOR SCHOOL USE ONLY\*\*\*** |
| **Administrator Signature:**  | **Date:** |
| **Processed by:**  | **date:** |

|  |
| --- |
| Parent QUESTIONAIRE |
| *In an effort to better serve our families, we would like to ask you a few questions about your experience at our school.* *Any feedback or suggestions you may have would be greatly appreciated.*  |
| Please indicate the reason(s) for withdrawing: |
| **[ ]**  | Academic | **[ ]**  | Financial | **[ ]**  | Disciplinary | **[ ]**  | Other:  |
| **[ ]**  | Relocating ⇩ | **[ ]**  | Athletics | **[ ]**  | Dissatisfied | **[ ]**  | Admin:  |
| Forwarding Address |  |
| City, State & Zip |  |
| Did our academic program fit the needs of your child? | **[ ]** Yes | **[ ]** No |
| Did our activities/club program fit the needs of your child? | **[ ]** Yes | **[ ]** No |
| Did our sports program fit the needs of your child? | **[ ]** Yes | **[ ]** No |
| Did our campus ministry program fit the needs of your child? | **[ ]** Yes | **[ ]** No |
| What type of school will your child be attending? |
| **[ ]**  | Public | **[ ]**  | Private  | **[ ]**  | Catholic  |
| **[ ]**  | Name of school:  |
| Please take this opportunity to tell us anything you would like us to know, either positive or negative, that will help us improve our school. |
|  |

|  |
| --- |
| \*\*\*\* SCHOOL USE ONLY \*\*\*\* |
| Registrar’s notes |
|  |
|  |
|  |
|  |
|  |
| **EXIT INTERVIEW** |
| **Conducted By:** |  | **Date:** |  |
| **INTERVIEW NOTES** |
| **[ ]**  | Academic | **[ ]**  | Financial | **[ ]**  | Disciplinary | **[ ]**  | Other:  |
| **[ ]**  | Relocating | **[ ]**  | Athletics | **[ ]**  | Dissatisfied | **[ ]**  | Admin:  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |