# Archdiocese of Miami • Official Withdrawal Form

**School Name**

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

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| 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 |  |  |  |
|  | Government  Scholarship |  |  |  |
|  | ID Card |  |  |  |
|  | iPad |  |  |  |
|  | Tuition |  |  |  |
|  | Other |  |  |  |
| Total Due | |  |  |  |
|  | Registered (Will not attend next school year (20\_\_\_ -20\_\_\_) | | | |

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| 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that if a transfer school is not listed, we will notify Miami Dade or Broward Public Schools that the above student has withdrawn.* |

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

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

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