Intention to Withdraw

Ilima Intermediate School

DIRECTIONS:

- 1. **PRINT** legibly the full **LEGAL NAME** the student used at Ilima Intermediate School.
- 2. Complete all information requested on this form.
- 3. Please notify / return this form completed to the school at least TWO(2) WEEKS PRIOR TO WITHDRAW DATE for processing.
- 4. Student must notify all teachers and clear all obligations prior to the release date. Certificate of Release will be generated as soon as student completes his/her withdraw process.
- 5. Certificate of Release must be picked-up on the last day of attendance from the main office.

Please release my child, Last	First	MI,
,	\Box 7th \Box 8th , from Ilima Intern	nediate School.
Birth Date	Check Grade	
Last day at Ilima Intermediate will b	e on	
,	Date	
Reason of Transfer: Please check	appropriate box.	
Transfer to Hawaii DOE: Area or School	Transfer to Private School: Private School	Homeschool (4140 reqd
Moving to continental US:	Moving to Foreign Country:	
City, State	<u> </u>	ty, Country
My child will be transferring to:	School	
	School	
	City / State / Country	
	City / Batte / Country	
Our forwarding / new address is:		
	Address	
	City State	Zip code
	•	1
	Contact Phone Number: ()	
• •	School with the information requested ab	_
of that school's Notice of Enrollmen	s for the above-named student to the rece t.	aving school upon receipt
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	Signature of Parent or Legal Guardian (nlease check one)
	Signature of Litarent of Legar Guardian (piedse eneck one)
	Print Name	

Date Signed