



Student Voluntary Withdrawal Form

BLUE OAK ACADEMY

Student's Name _____ Grade _____ Date of Birth _____

Parent(s)/Guardian(s) Name(s) _____

Address _____ City _____ Zip _____

Phone _____

Student's Medication to Recover from Office: _____

Student's Last Date of Attendance: _____

Name and District of New School: _____

Address of New School if Out of State: _____

New Residence Address: _____

Reason for Voluntary Withdrawal: _____

By my signature below, I, _____, confirm that I have chosen to voluntarily withdraw my child, _____, from enrollment at Blue Oak Academy effective on the date of my signature and as indicated above. I further acknowledge and agree that my decision to withdraw my child from enrollment at Blue Oak Academy was made voluntarily and without any encouragement or prompting of any kind by Blue Oak Academy.

Parent/Guardian Signature

Date

This Form Must be Completed Prior to the Release of Student's Transcripts & Cumulative File & Records

For Office Use Only –

Textbooks / Materials Returned: _____

Computer Returned: _____

Library Books Returned: _____

Date Form Completed: _____

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