

HAMPTON CITY SCHOOLS

K - 12 WITHDRAWAL REQUEST



_____ Date _____

I request the withdrawal of _____ Age _____

Grade: _____ Birthdate: _____ From: _____

for the following reason:

New Address and Phone Number:

Previous Address and Phone Number:

Last Day of Attendance: _____ School Child will Attend: _____

My Relation to the Child is: Mother

Father

Guardian

Signature: _____

office use only

ID checked: in person
 by phone by email
 other _____