



WITHDRAWAL FORM

Student Name _____ ID# _____ Birth Date _____
(last) (first)

Date of Withdrawal: _____ Adviser: _____

Reasons for Withdrawal (check one)		Please Specify School Name & Location
<input type="checkbox"/>	Transfer to public school	
<input type="checkbox"/>	Transfer to private school	
<input type="checkbox"/>	Transfer out of country	
<input type="checkbox"/>	Other (includes NT exchange students)	
<input type="checkbox"/>	Student dropped out	

New Contact Information for Parent(s)/Guardian(s) (if applicable)

Address

Phone

NOTE: If your student is currently engaged in or intends to participate in the **interscholastic athletic program** at New Trier please review the IHSA By-Laws as they apply to transfer and future athletic eligibility. Eligibility rules may impact students upon either transfer or re-entry. http://www.ihsa.org/documents/forms/2015-16/elgrules_lg_1516.pdf

Signatures:

Parent OR Adviser: _____ Date: _____

New Trier High School – Registrar Room 215
385 Winnetka Ave, Winnetka, IL 60093
Ph: 847-784-2213 Fax: 847-784-2094
Email: registrar@nthsh.net

(Office Use)

Exit Grades

IEP/504 _____	Sched _____
Health _____	Setup _____
Parchment _____	Records _____
Completed _____	

Subject	Teacher	Exit Grade %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____