**DAMASCUS HIGH SCHOOL**

**25921 Ridge Road**

**Damascus, Maryland 20872**

**301-253-7037**

Withdrawal Statement

I, , parent/guardian of

request that my son/daughter be withdrawn from Damascus High School effective . My son/daughter is leaving Damascus High School because he/she:

Will attend school elsewhere

School Name

City, State

Will work full time

Will assume family responsibilities

Is not interested in continuing his/her education

Other

I understand that my child needs to return all books/materials and clear all monetary debts to Damascus High School. Failure to do this will result in the school refusing to send transcript information to any request institution.

Date Parent/Guardian

Student

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WITHDRAWAL OF STUDE3NT UNDER AGE 16 FROM SCHOOL

I understand that my child is within the age of compulsory school attendance in the State of Maryland, and have been informed by MCPS personnel of available educational opportunities for my child. Under these circumstances, I am consenting to his/her withdrawal from school.

Parent/Guardian