



WALTER JOHNSON HIGH SCHOOL
6400 Rock Spring Drive
Bethesda, MD 20814

WITHDRAWAL STATEMENT

Please print

I, _____ parent/guardian of _____,

ID# _____, Date of Birth: _____ Grade _____

Request that my son/daughter be withdrawn from Walter Johnson High School effective as of _____.

My son/daughter is leaving school because he/she:

_____ will attend another high school

School name _____

Location _____

_____ will attend night school

_____ will attend a school to earn a GED

_____ will attend private school **in county** ___ **out county** ___ **in state** ___ **out state** ___

_____ other (please explain) _____.

I understand that my child needs to return all books/materials that belong to the school and clear all monetary debts to Walter Johnson High School/ Failure to do this could result in the school refusing to send transcript or academic information to nay academy institution or employment agency.

Signature _____

Date _____



WITHDRAWAL OF STUDENT UNDER 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 circumstance, I am withdrawing him/her from school.

Signature _____