



Student Services

Counselors:

Phil Cohen	A-C
Dana Meledick	D-Hn
Melissa Cheadle	Ho-Md
Erin O'Connor Rudman	Me-Sb
Kelly Warner	Sc-Z
John Henderson	College & Career Readiness

Psychologist: Michael O'Shaughnessy
Registrars: Allison Sultan/Jennifer Nelson
Secretary: Anne Handy
Data Clerk: Katrina Montgomery
Pupil Personnel Worker: Kevin Lee

STUDENT WITHDRAWAL INFORMATION

Student Name: _____ Grade: _____

I, _____, the custodial parent/guardian of
(parent/guardian name)

_____, wish to withdraw my child from
(student name)

Atholton High School effective _____.
(last date of attendance)

He/she will be attending _____
(name of new school)

a public/private school in _____.
(circle) (city/state)

Parent Phone Number: _____

New Address (if known): _____

I am aware that all HCPSS issued materials, including **Chromebooks** must be returned on the student's last day of attendance: _____
(parent initials)

Parent Signature: _____ Date: _____

**This form must be returned to Student Services
in order for your withdrawal to be complete.**

<p>For office use only: Withdrawal code: _____ Date processed: _____ Withdrawal packet picked up: _____</p>
