



**HOWARD COUNTY**  
**PUBLIC SCHOOL SYSTEM**

## Withdrawal Request

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

I, \_\_\_\_\_, the custodial parent/guardian  
of \_\_\_\_\_, wish to withdraw my child  
(student's name)  
from \_\_\_\_\_ effective \_\_\_\_/\_\_\_\_/\_\_\_\_  
(school name) (date)

He/she will be attending: \_\_\_\_\_  
(name of school)

in \_\_\_\_\_  
(school location)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_