

Holy Family Parish School  
4849 North Wildwood Avenue  
Whitefish Bay, WI 53217-6095  
(414) - 332-8175

**Student Withdrawal Slip**

If a student is not returning to Holy Family Parish School, we request that a Student Withdrawal Slip be completed. The reason for withdrawal is helpful for us in our assessment of programs and in planning for the future.

Thank you for your cooperation.

Family Name: \_\_\_\_\_

Name of Student/s	Grade/s
_____	_____
_____	_____
_____	_____

Name/Address of New School/s: \_\_\_\_\_

Please indicate reason for withdrawal: \_\_\_\_\_ Financial \_\_\_\_\_ Social Concerns

\_\_\_\_\_ Moving \_\_\_\_\_ Discipline Concerns \_\_\_\_\_ Academic Concerns

\_\_\_\_\_ Other - (please specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

