



Henry D. Perry Education Center
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Henry D. Perry Education Center WITHDRAWAL FORM - Exit Interview

Teen Parent *Academy* *High School* *Off-Campus*

Date _____

Student Name _____ DOB _____ Student ID# _____

Parent/Guardian _____ Phone #: _____

Other (include relationship) _____ Alt. Phone #: _____

For School Office Use ONLY

Date Withdrawn _____ Withdrawal Code _____ Team _____ IMS Initials: _____
(IMS Only) (IMS Only) (IMS Only)

New School (if known) _____

Summary of Interview

Student's reason for wanting to withdraw from school: _____

Educational options offered by school: _____

Results of Interview

Student will: _____

Parent/Guardian's Signature/Date

Student's Signature/Date

Coach/Counselor Signature/Date

Principal (or Designee) Signature/Date