

Mahomet-Seymour High School
302 W. State Street
Mahomet, Illinois 61853
217-586-4962

STUDENT WITHDRAWAL FORM

Name of Student (print): _____

Date of Birth: ____/____/____ ID# _____ Grade: _____

DATE OF WITHDRAWAL: ____/____/____

Will student remain in school this day, all day? __Yes __NO

Indicate the reason for withdrawal below

MOVING – New Home Address: _____

New Home City, State, Zip: _____

New School Name: _____

New School City, State, Zip: _____

OTHER REASON (please state): _____

Upon submitting this request, your student is no longer a student at Mahomet-Seymour High School. All classes will be dropped and you will be required to re-enroll to attend. This includes payment of fees, Proof of Residency and completing all necessary enrollment forms.

Date: ____/____/____

Parent/Guardian Name (print): _____

Signature: _____

Phone Number: (_____) _____ - _____