



Student Withdrawal Request

Date _____ Student's Grade _____ Date of Birth _____

Student's full legal name _____

Student's ID number _____

Reason for withdrawing _____

New address _____

Name of school student will be attending _____

City/State _____

Official last date at Lakemont Elementary _____

Parent/Legal Guardian's name PRINT _____

Parent/Legal Guardian's contact number _____

Parent/Legal Guardian's email _____

Parent/Legal Guardian's SIGNATURE _____

OFFICE USE ONLY

Date Withdrawn _____ Withdrawal Code _____

Registrar's Name _____

Registrar's Signature _____

Items to be returned:

Library Books ☐ YES ☐ NO ☐ N/A _____

Classroom Books ☐ YES ☐ NO ☐ N/A _____

Digital Device ☐ YES ☐ NO ☐ N/A Previous fines owed _____

Charger ☐ YES ☐ NO Hot Spot ☐ YES ☐ NO ☐ N/A



**Orange County
Public Schools**