

# Student Withdrawal/Transfer Form



765 E 340 S, SUITE 203  
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AMERICAN FORK, UT 84003  
FAX: (385)265-4308

Student: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Circle the Campus withdrawing/transferring from:

Ballard      Delta      Ephraim      Nephi      Richfield      Tremonton

Date of Withdrawal/Transfer: \_\_\_\_\_ New School Start Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason of Withdrawal or Transfer: \_\_\_\_\_

Name of New School: \_\_\_\_\_

Address of New School: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_