

Intention to Withdraw

Ewa Makai Middle School

Email:

g-296-em-registration@k12.hi.us

DIRECTIONS:PRINT legibly the full **LEGAL NAME** you used at Ewa Makai Middle School.

1. Complete all information requested on this form.
2. Please notify / return this form completed to the school **at least TWO(2) WEEKS PRIOR TO WITHDRAW DATE** for processing.
3. Student must notify all teachers and clear all obligations prior to the release date. Certificate of Release will be generated as soon as the student completes his/her withdrawal process.
4. Certificate of Release must be picked-up on the last day of attendance from the main office.

Please release my child, _____,

Last

First

Middle

_____, 6th 7th 8th from Ewa Makai Middle School.

Birth Date

Circle Grade

Last day at Ewa Makai Middle will be on _____.

Date

Reason of Transfer: Please check the appropriate box.

Moving to another area in Hawaii: _____ Received Geographic Exception(GE) to: _____
Area or Island if not Oahu Name of GE School

Moving to Mainland: _____ Moving to Foreign Country: _____ Private School
Name of State Name of Country

My child will be transferring to:

_____ School

_____ City / State / Country

Our forwarding / new address is:

_____ Address

_____ City State Zip code

Parent/Guardian Phone Number: () _____

I hereby provide Ewa Makai Middle School with the information requested above and grant them permission to forward school records for the above-named student to the receiving school upon receipt of that school's Notice of Enrollment.

Print Name & Signature of Parent or Legal Guardian (please check one)

Date

SCHOOL USE ONLY Mailed: _____

Picked up by: _____ (Print Name & Signature) Date: _____