



## STUDENT WITHDRAWAL FORM/RECORDS REQUEST FORM

### For Parent/Guardian to complete:

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_  
 Current Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_  
 Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### New School Information:

*Please skip if requesting academic records only.*

Check one:

- Transferring to another school within the state of Louisiana
- Transferring to another school outside of Louisiana
- Other (please explain) \_\_\_\_\_

Name of new school: \_\_\_\_\_  
 Street: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

I, \_\_\_\_\_, parent of \_\_\_\_\_, permit Lycée Français de la Nouvelle-Orléans to share my child's personally identifiable information (PII) with the school listed above. PII may include my child's academic, medical and behavioral records.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

### Records Request:

Complete this section to obtain a copy of your child's academic record.

#### Preferred Delivery

- Email
  - o Email Address: \_\_\_\_\_
- Mail
  - o Mailing Address: \_\_\_\_\_

### OFFICE USE ONLY

SPED Student: Y/N Enrollment date: \_\_\_\_\_ Last date of attendance: \_\_\_\_\_ Official withdrawal date: \_\_\_\_\_  
 School Official Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_