



101 Education Boulevard, Gaithersburg, Maryland 20877
Registrar: Melissa Scott, 301-284-4620

WITHDRAWAL STATEMENT

Please Print & fill in completely

I _____, parent/guardian of _____,
ID# _____ grade _____ request that my son/daughter be withdrawn
from Gaithersburg High School as of _____.

My son/daughter has an: _____ **IEP** _____ **504 Plan** _____ **SPED Needs**

Reason for the withdrawal (*circle choice below*)

- **Transfer to MCPS**
- **Maryland Public Schools (Not MCPS)**
- **Out of State**
- **Maryland Private School**
- **Out of State Private School**
- **Out of the Country**
- **GED/Lack of Interest 17 & older**
- **Job Corps with GES Program**

*******Home School** (GHS cannot perform this withdrawal; you must go through Interim Instructional Services at 240-453-2470)

Name of School: _____

City: _____, State: _____

I understand that my son/daughter needs to return all books and materials that belong to the school and must clear all monetary obligations to Gaithersburg High School. Failure to clear will result in the issuing of an unofficial transcript to any academic institution or employment agency.

Parent Signature: _____ Date _____

Parent's Phone Number: _____