 Form JBC-10

**PARENT/GUARDIAN PERMISSION FOR VOLUNTARY**

**STUDENT WITHDRAWAL FROM SCHOOL**

|  |  |
| --- | --- |
| **School:** |  |

**This form must be fully completed.**

**Please Print or Type**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Name: |  | Age: |  | Grade: |  |

|  |  |
| --- | --- |
| Parent/Guardian Name: |  |

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I wish to withdraw my minor student (age 16 or 17) from school. I understand that I must meet with school staff prior to

this withdrawal becoming effective. I also understand that other educational opportunities for my student exist, including a general educational development (GED) diploma. I understand that there are consequences for not receiving a high school diploma or the equivalent, including lower lifetime earnings, fewer available jobs, and an inability to pursue higher

educational opportunities such as college.

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| For information regarding GED programs, please contact: |  |

(Parent/Guardian Signature) (Date)

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***Office use only***

Contact(s) made with parent on

(Receiving Administrator’s Signature) (Date)

Conference took place on (Date) (Attending Administrator’s Signature)