



NWABSD STUDENT DROP FORM

NWABSD Registrar
Fax: 866-929-1167
registrar@nwarctic.net

Name of School: _____
Laptop/books returned: (YES / NO / NA)
Fees paid in full: (YES / NO)
Form complete (initial): _____

Student's LEGAL name: _____

Date of Birth: _____ / _____ / _____ Grade level: _____

Principal Signature: _____ Date: _____

Check ONE of the options below and fill out completely.

The student is under the age of 7

- The parent/guardian requested student be dropped.
- Student can be dropped BEFORE 10 consecutive days of unexcused absence.

Parent/Guardian: _____ Date: _____
OR indicate 'per phone call'

Date of withdrawal (the day AFTER the student's last day in class): _____

Reason for withdrawal: _____

The student is over the age of 16

- The parent/guardian requested the student be dropped.
- Student can be dropped BEFORE 10 consecutive days of unexcused absence.

Parent/Guardian: _____ Date: _____
OR indicate 'per phone call'

Date of withdrawal (the day AFTER the student's last day in class): _____

Reason for withdrawal: _____

The student has stopped attending school

- Records request has NOT been received from another school.
- The student has 10 consecutive days of unexcused absence.
- The student is a no-show in the fall and no records request has been received (summer dropout)

Date of withdrawal (day after 10th consecutive or first day of school if summer dropout): _____

The parent/guardian will home school the student

- (Voluntary) Write the name of the home school program that will be used.

Parent/Guardian: _____ Date: _____
OR indicate 'per phone call'

Date of withdrawal (the day AFTER the student's last day in class): _____

Home school program: _____