

Student Withdrawal/Transfer Form

HOHENFELS ELEMENTARY SCHOOL

Unit 28214

APO AE 09173

DSN Telephone: 466-2829

Civilian Telephone: 09472-83-2829

Date: _____

Student Name: _____

Student's Last Day Attending School: _____

Sponsor's Social Security #: _____

Forwarding Address: _____

City: _____ State: _____ Zip: _____
(If unknown, this address can be your permanent stateside address.)

Email Address: _____

My child, currently enrolled in _____ Grade in Mr./Ms. _____'s class,
Is being withdrawn for the following reason:

_____ PCSing to a Non-DoDDS School (orders attached)

_____ PCSing to another DoDDS School (orders attached)

_____ PCSing to a DDESS School (orders attached)

_____ To be Home-Schooled

_____ Transferring to a Local School

_____ At Parent's Request

_____ For Medical Reasons

_____ Space Not Available

_____ Other (please note): _____

_____ I have given Hohenfels Elementary School five working days notice and would like to hand carry copies of my child's records.

If your time of departure falls after the last day of school, please include your "fly date" here. _____

Parent Signature: _____