



# MONROEVILLE HIGH SCHOOL

## Transfer/Withdrawal Form

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Student:** Please take this form to each of your teachers, the library, the main office secretary, and the cafeteria to be signed. Please return it to the guidance secretary when completed.

**Grades/credits will not be forwarded until all outstanding fees are paid and all books, and Chromebooks are turned in.**

**Teachers:** The above student is withdrawing from Monroeville High School. Please sign your name on the line which corresponds with the period he/she is in your classroom. PLEASE NOTE IF THERE ARE OUTSTANDING BOOKS OR FEES IN THE SPACE PROVIDED.

Jennifer Harvey  
Guidance Counselor

Period	Class	Grade to Date	Book Returned/Fees	Teacher Signature
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				
6 <sup>th</sup>				
7 <sup>th</sup>				

Library \_\_\_\_\_  
(Signature)

Book Title (if applicable) \_\_\_\_\_

H.S. Secretary \_\_\_\_\_  
(Signature)

Amount Owed (if applicable) \_\_\_\_\_

Cafeteria \_\_\_\_\_  
(Signature)

Amount Owed (if applicable) \_\_\_\_\_

Chromebook returned \_\_\_\_\_  
(Signature)

New School \_\_\_\_\_