



Dassel-Cokato Middle School  
 4852 Reardon Ave SW, Suite 1500  
 Cokato, MN 55321

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## STUDENT WITHDRAWAL FORM

\_\_\_\_\_ GRADE \_\_\_\_\_, will be  
 withdrawing from our school on \_\_\_\_\_,  
 to attend school at/in \_\_\_\_\_.  
 Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Teachers: Please sign this form indicating all books, fines, materials, etc., are properly taken care of.

	Subject	Grade to Date	Instructor
Period 0	Power Hour	none	_____
Period 1	_____	_____	_____
Period 2	_____	_____	_____
Period 3	_____	_____	_____
Period 4	_____	_____	_____
Period 5	_____	_____	_____
Period 6	_____	_____	_____

Media Center \_\_\_\_\_ Lunch Account \_\_\_\_\_  
 Power Hour \_\_\_\_\_ Locker Check \_\_\_\_\_  
 Bus Notified \_\_\_\_\_