Intention to Withdraw
Ewa Makai Middle School

➢ My child, _____, _____, 6th   7th   8th
    LEGAL NAME: Last   First   Middle   Birth Date   Circle Grade

presently enrolled at Ewa Makai Middle School will be withdraw on:_____.
                                                                    Last Day of Attendance at Ewa Makai MS

➢ **Reason of Transfer: Please check appropriate box.**

☐ Moving to another area in Hawaii: _____   ☐ Moving to Mainland: _____
                          Area or island if not Oahu.   Name of State

☐ Moving to Foreign Country: _____   ☐ Private School   ☐ GE Approved   ☐ Homeschooling
                    Name of Country

➢ My child will be transferring to: _____ _____
                                                        Name of School

                                        _____
                                                    City / State / Country

Our forwarding / new address is: _____
                                                        Address

                                        _____
                                            City   State   Zip code

                            Contact Phone Number: (   )_____

➢ **If you are leaving Oahu, please indicate your last day on Oahu:** _____
                                                                        Date of Departure

➢ To properly process your child's release packet, please return this form completed to the registrar's office **at least TWO (2) WEEKS PRIOR TO WITHDRAW DATE. PLEASE ALLOW AT LEAST TWO (2) WEEKS TO PROCESS YOUR CHILD'S RELEASE PACKET.**

➢ **NOTE: A**ll obligations must be cleared prior to picking up your child's release packet. Release packet must be taken to your next school at the time of registration. Your child's new school will then submit the enclosed "Notice of Enrollment" back to us for your child's official record.

➢ **Please select one option:**

☐ I will pick up the Certificate of Release from the Registrar's Office.

☐ I will send my child to pick up his/her own Certificate of Release from the Registrar's Office.

☐ I am unable to pick up the Certificate of Release, I will have my child's_____,
                                                                              Relationship
_____, to pick up the Certificate of Release from the Registrar's Office. I am aware that s/he will need to bring in a government–issued photo ID.

☐ I am unable to pick up the Certificate of Release, please mail the release to the forwarding address above. **$3 mailing fee must be attached to process.**

_____   _____
Signature of (please check one) ____Legal Parent or ____ Legal Guardian   **Date**

_____
Print Name of Legal Parent /Guardian

SCHOOL USE ONLY ~SCHOOL USE ONLY ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ SCHOOL USE ONLY

Mailed: _____   Picked up by: _____, _____
            Date   Signature   Date

                                        _____
                                                    Print Name