## Intention to Withdraw

## Ewa Makai Middle School

My child,		,		_, <u>_</u> 6 <sup>th</sup> 7 <sup>th</sup>
LEGAL NAME: Last	First	Middle	Birth Date	Circle Grade
presently enrolled at Ewa Makai Mi	ddle School will b	e withdraw on:		
Reason of Transfer: Please check	annronriata hov		Last Day of Attenda	ance at Ewa Makai MS
			Mainland:	
Ar	rea or island if not Oahu.		Mainland:Nan	ne of State
Moving to Foreign Country:Nam	e of Country	rivate School	GE Approved	Homeschooli
My child will be transferring to:				
		Name of Sc	hool	
		City / State / Co	untry	
Our forwarding / new address is:				
		Address		
	City	Sta	ate Zip co	ode
	Contact Phone N	Number: (	)	
If you are leaving Oahu, please in	dicate vour last d	av on Oahu:	Date of Departure	
To properly process your child's releast TWO (2) WEEKS PRIOR (2) WEEKS TO PROCESS YOUR	R TO WITHDRA R CHILD'S REL	W DATE. PL EASE PACKE	EASE ALLOW A T.	AT LEAST TWO
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Print Name