



OUR LADY OF MT. CARMEL
CATHOLIC SCHOOL

**NOTIFICATION OF INTENT TO WITHDRAW STUDENT(S)
FROM OUR LADY OF MOUNT CARMEL SCHOOL**

This is to inform that my child(ren) are withdrawing from Our Lady of Mount Carmel School and their last day will be on _____.

Reason for withdrawal: _____.

Please remove his/her/their names from your records. You will be contacted directly by the attending school regarding the transfer of records.

Student Name

D.O.B.

Student Name

D.O.B.

Student Name

D.O.B.

Student Name

D.O.B.

Student Name

D.O.B.

Parent Signature

Date

