

Grafton High School
 24 Providence Road
 Grafton, Massachusetts 01519
 Fax 508-839-8544 Phone 508-839-5425

STUDENT WITHDRAW FORM

Student _____ Grade _____ Date _____

Student is leaving school on: _____

**ALL CLASS MATERIALS MUST BE RETURNED TO THE TEACHER AND A GRADE GIVEN
PRIOR TO DATE OF LEAVING.**

SUBJECT	PERCENT GRADE	TEACHER'S SIGNATURE	ALL BOOKS AND MATERIALS RETURNED?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
Library			Yes	No

STUDENTS: Please bring your IPAD, charger, and cord to Tech Force for inspection before you leave. All equipment will be inspected for damage.

Student Name: _____

IPad _____ **Charger** _____ **Cord** _____

iPad passcode	
Apple ID	
Apple ID Password	

Tech Force Signoff:
