



IPSWICH HIGH SCHOOL

134 High Street, Ipswich MA 01938-1247

(978) 356-3137 Fax: (978) 356-3720



Jonathan Mitchell
Principal
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Leeanne Collura
Assistant Principal
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Pupil's Name: _____ **Grade:** _____ **Withdrawal Date:** _____

Reason for Withdrawal: _____

Transfer new school: _____

Exit Interview Completed: Yes _____ No: _____ Counselor Signature _____

TO THE PUPIL: This withdrawal form must be completed and returned to your guidance counselor before you are considered officially withdrawn from school.

TEACHER NAME	SUBJECT	GRADE TO DATE FOR THIS MARKING PERIOD	BOOKS RET.	NAMES OF BOOKS NOT RET.	FINE OWED

Athletic Director: Equipment owed: _____ Athletic Director Initials: _____

Cafeteria Money Owed: _____ Cafeteria Manager Initials: _____

Media Specialist: Books Owed: _____ Media Specialist's Initials: _____

Chromebook #: _____

PARENT OR GUARDIAN

ASSISTANT PRINCIPAL'S SIGNATURE