



Thomas Jefferson High School – Guidance Office
 310 Old Clairton Road, Jefferson Hills, PA 15025
 412-655-8610 / Fax 412-943-1172 / chornyak@wjhsd.net

WEST ELIZABETH - JEFFERSON HILLS - PLEASANT HILLS

INSTRUCTIONS: Use this form when a student is withdrawing from school during the school year.

Section I – To be completed by school staff

Section II - To be completed by parent or guardian

Name of Student _____

Section I

Student ID _____ Withdrawal Date _____ Withdrawal Code _____

WITHDRAWAL GRADES AND CLASS OBLIGATIONS

Period	Teacher	Withdrawal Grade	Obligation	Total Cost	Cleared		Initial
					Yes	No	

Clearance required	Obligation	Total Cost	Submitted		Initial
			Yes	No	
Chromebook/powerchord					
Cafeteria					
Library					

Section II - to be completed by parent after Section I has been completed.

School Thomas Jefferson High School Withdrawal Date _____

 Name of Student Student ID GR/Homeroom

Reason for Withdrawal _____

Student Moving Out of District Out of Allegheny County Out of State Cyber School Within Country

New Address _____

Street City/State Zipcode Phone
 New School Name of School Address City/State Zip Phone

I authorize the West Jefferson Hills School District to forward student information, including Academic Records, Medical Records and Psychological records to the above named school district upon notification of registration.

 Signature Print Name Date

Administrator or Guidance office staff

Check off WD student