

**Linganore High School**  
**Office of the Registrar**  
**12013 Old Annapolis Road**  
**Frederick, MD 21701**  
**240-566-9735**  
**240-566-9729 (fax)**



**Withdraw Form**

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Day at LHS: \_\_\_\_\_

Name of School Student is Transferring to: \_\_\_\_\_

\_\_\_\_\_  
 City, State School where school is located

Course Title	Staff Name	Classroom Books Returned	Grade at Date of Withdrawal	Teacher Initials

**Clearance Record:**

Media Center Chromebook Returned Yes _____ No _____ Signature: _____	Activity or Club Advisor Sign: _____	Sport Uniform & Equipment Returned Yes _____ No _____ Coach Sign: _____
Media Center Books Returned Yes _____ No _____ Signature: _____		

Signature of School Official:

Signature of Parent:

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