



BEEHIVE

Science and Technology Academy



www.beehiveacademy.org
 contact@behiveacademy.org
 2165 E 9400 S Sandy, UT 84093
 801-576-0070
 801-618-4115

WITHDRAWAL FORM

Student Name: _____ Grade level: _____

If your family is moving, please provide a forwarding address and phone number:

Address: _____

Phone #: _____

Please indicate the school your student is transferring to:

School name: _____

School Address: _____ **Phone #:** _____

Please choose a reason for withdrawal:

Moving
 Accepted to another school
 Prefer Not to Say

Issues with Beehive Academy (please explain):

I am withdrawing my student(s) from Beehive Science and Technology Academy.

Parent/Guardian Signature: _____ **Date:** _____

NOTE: All textbooks and iPads must be returned before we can transfer records. Lunch Balance must also be at \$0. Student Records will be transferred to your child's new school once we have received a record request from the school they will be attending. Please note that according to state regulations students who are not enrolled at a new school within 10 days will be referred to truancy court.

~ We wish you a successful transition to your new school ~

TO BE COMPLETED BY Beehive Office

iPad, Charger/Cord, and Case returned in good condition (IT Dept. checks)

Yes ___ No ___ Comments: _____ Initials: _____

Lunch Balance at \$0 (Lunch Program checks): Yes ___ No ___ Initials: _____

Comments _____

Locker cleared and Lock returned to the office: Yes ___ No ___ Initials: _____

For Office Use Only (please check):

- | | |
|---|---|
| <input type="checkbox"/> Withdrawn from Infinite Campus | <input type="checkbox"/> iPad Refund Requested |
| <input type="checkbox"/> Trax Pass Deactivated | <input type="checkbox"/> Notify District of Residence of Transfer |