

DATE: _____

MEMORANDUM FOR BAHRAIN ELEMENTARY & MIDDLE/HIGH SCHOOLS

SUBJECT: WITHDRAWAL FROM SCHOOL

Please be advised that my child/children named below will be transferring/withdrawing from school on

_____ (last day of school).

(check one)

<input type="checkbox"/>	PCS Move
<input type="checkbox"/>	Other (Please specify)

Name of Student	Grade	Homeroom	(Office use only)

Forwarding Address:

Mail Transcripts To:

Email Address:

Phone Number:

I understand the school needs to be notified **two weeks** (but no less than five working days) in advance of a PCS move so that transfer documents may be prepared for a hand-carry packet for the receiving school. Late request may result in records being mailed/transferred after your departure.

If you have any further questions, please contact the school registrar directly.

Elementary School: [Jessica Perded 1771 9821 Jessica.Perdew@eu.dodea.edu](mailto:Jessica.Perdew@eu.dodea.edu)
Middle/High School: [Tracy Kielp 1771 9802 Tracy.Kielp@eu.dodea.edu](mailto:Tracy.Kielp@eu.dodea.edu)

Sponsor's Printed name

Sponsor's Signature

Date

(Office use only)	
Report Card	CUM Folder
Attnd Rpt	Med Recs
Library	SMS

Copies to -- Transportation, CUM Folder, File