

Wiesbaden Middle School

Unit 24309 Box 0089

APO AE 09096



CIV: 0611-408-0373

DSN: 335-5373

FAX: 0611-723496

Intent to Withdraw Notification

Estimated Withdrawal Date: _____

Date Requested for schedule record pick up: _____

Today's date: _____

Student's Name: _____

Sponsor's Name: _____

I would like to begin the process to withdraw my student due to

___ **Upcoming PCS to** _____

___ **The Early Return of Dependents**

___ **Plan to Home School student**

___ **OTHER:** _____

Forwarding Address: _____

Sponsor / Spouse Signature: _____

FOR OFFICE USE ONLY:

Copy of Orders received: _____

School Improvement Goals:

All students will increase reading comprehension scores in analyzing text and reading/writing strategies.

All students will increase scores in math computation, word problems, and problem solving.