



## Student Services

### Counselors:

Ramona Potter - A-Br  
Stephanie Thurmon - Bs-Fe  
Brian Drnec - Ff-Ja  
Meredith Bauer - Jb-Mb  
Lindsay Beil - Mc-Pav  
Jill Altshuler - Paw-Sop  
Ellen Mauser - Soq-Z

**Psychologist:** Keren Kreitzer

**Registrars:** Emily Mandile/Deb Merwitz

**Secretary:** Charlie Engelkemier

**Data Clerk:** Beth Tray

**Pupil Personnel Worker:** Donna Blackwell

## STUDENT WITHDRAWAL INFORMATION

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

I, \_\_\_\_\_, the custodial parent/guardian of  
(parent/guardian name)

\_\_\_\_\_, wish to withdraw my child from  
(student name)

Reservoir High School effective \_\_\_\_\_.  
(last date of attendance)

He/she will be attending \_\_\_\_\_  
(name of new school)

a public/private school in \_\_\_\_\_.  
(circle) (city/state)

Parent Phone Number: \_\_\_\_\_

New Address (if known): \_\_\_\_\_

I am aware that all HCPSS issued materials, including **Chromebooks** must be returned on the student's last day of attendance: \_\_\_\_\_  
(parent initials)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be returned to Student Services  
in order for your withdrawal to be complete.**

**For office use only:**

Withdrawal code: \_\_\_\_\_

Date processed: \_\_\_\_\_

Withdrawal packet picked up: \_\_\_\_\_