



**NORTH CHICAGO COMMUNITY UNIT SCHOOL DISTRICT #187**

Office of District Registrar

1717 Seventeenth Street North Chicago, Illinois 60064

Phone: 847-578-7400 Ext. 7249 Fax: 847-689-7478

**REQUEST FOR WITHDRAWAL FORM**

The Illinois School Code (105 ILCS 5/26-1 et seq.) states that children between the ages of 7 and 17 must attend public school; however, an exception is made for “....any child attending a private or parochial school where children are taught the branches of education taught to children of corresponding age and grade in the public schools, and where the instruction of the child in the branches of education is in the English language.”

Student’s Name (print): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Level: \_\_\_\_\_

(Indicate the reason for withdrawal below):

MOVING - New Address: \_\_\_\_\_

New School Name: \_\_\_\_\_

New School City, State, Zip: \_\_\_\_\_, \_\_\_\_\_

OTHER REASON (please state): \_\_\_\_\_

New School Name: \_\_\_\_\_

New School City, State, Zip: \_\_\_\_\_, \_\_\_\_\_

DATE OF WITHDRAWAL: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Will student remain  
in school  
this day, all day?**

**YES or NO**

Parent/Guardian Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Today’s Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

*\*UPON SUBMITTING THIS REQUEST, YOUR STUDENT IS NO LONGER A STUDENT WITHIN NORTH CHICAGO SCHOOL DISTRICT. ALL CLASSES WILL BE DROPPED AND YOU WILL BE REQUIRED TO RE-ENROLL TO ATTEND. THIS INCLUDES PAYMENT OF FEES, PROOF OF RESIDENCY, AND COMPLETING ALL NECESSARY ENROLLMENT FORMS.*

Office Use Only

Date Received: \_\_\_\_\_ Date Transferred: \_\_\_\_\_ By: \_\_\_\_\_