

**Jefferson Forest High School  
Counseling Department  
#1 Cavalier Circle  
Forest, VA 24551**

**Counseling Office phone: 434-525-7305 Counseling Office fax: 434-477-5459  
www.bedford.k12.va.us/jfhs**

In order to withdraw in good standing from Jefferson Forest High School, the appropriate persons must complete this withdrawal form. The completed form must be **returned to your counselor**.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Transfer School: \_\_\_\_\_

Effective date of withdrawal: \_\_\_\_\_

**TEACHER/STAFF: This student is withdrawing. Please provide appropriate information as needed and confirm with your signature. Thank you.**

Class Period	Subject	Teacher	GRADE		Textbook Returned			Teacher Signature
			NUM	LTR				
0					Y	N	NA	
1					Y	N	NA	
2					Y	N	NA	
3					Y	N	NA	
4					Y	N	NA	
5					Y	N	NA	
6					Y	N	NA	

(This is not a legal transcript. Your transcript and other records will be sent to your new school when the appropriate request is received.)

**Required signatures:**

**GRADING SCALE**  
A = 90-100  
B = 80-89  
C = 70-79  
D = 60-69  
F = Below 60

Parent/Guardian: \_\_\_\_\_ (date)

Media Center: \_\_\_\_\_ (Date)

Attendance Secretary: \_\_\_\_\_ (Date)

Textbook Principal: \_\_\_\_\_ (Date)

Guidance Counselor: \_\_\_\_\_ (Date)

**Return of:**  
**CHROMEBOOK** \_\_\_\_\_  
**CHARGER:** \_\_\_\_\_  
**LAPTOP** \_\_\_\_\_