



DEPARTMENT OF DEFENSE  
 DEPENDENTS SCHOOLS  
 OFFICE OF THE PRINCIPAL  
 NAPLES HIGH SCHOOL  
 PSC 808 BOX 15  
 FPO AE 09618-0015



**WITHDRAWAL REQUEST**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Day of Attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I request the withdrawal of \_\_\_\_\_ Age \_\_\_\_\_ Grade: \_\_\_\_\_  
Student's Name

From Naples Middle/High School for the following reason: \_\_\_\_\_

I request that his/her studies be ACCELERATED:  YES  NO

I request to hand carry an official copy of child records:  YES  NO

My relation to the child is:  Mother  Father  Guardian

Signature: \_\_\_\_\_

Acceleration Approved by: \_\_\_\_\_