



Flagstaff Bordertown Dormitory
901 North Kinlani Road
Flagstaff, Arizona 86001
Phone: (928)774-5279 FAX: (928) 555-9683



STUDENT WITHDRAWAL

Date: _____

I, _____ hereby take whole responsibility of my daughter/son's welfare and education. In doing so, I relieve the Flagstaff Bordertown Dormitory of their responsibility for my daughter/son.

Print Student Name

Student Signature

Print Parent/Guardian Name

Parent/Guardian Signature

Print Witness Name

Title

Print Administrator Name

Administrator Signature

Student's Forwarding Address: _____

School transferring to: _____

Statement: Why is student withdrawn from Flagstaff Bordertown Dormitory?

Room Key Returned: _____

Tablet Returned: _____

Facility Room Check Form Attached: _____

Complete the form: original to Business Department and copies to Residential Manager and Facility department.