



# Santa Monica High School

A Tradition of  
Excellence  
since 1891

## Affidavit of Check Out

Student Name: \_\_\_\_\_ House: \_\_\_\_\_  
(if unknown, write N/A)

Student ID#: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of new school: \_\_\_\_\_

New School Location: \_\_\_\_\_  
(City, State or Country)

New Student Home Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip Code or Country

Last Date of Attendance: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

New School start date: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian name printed

\_\_\_\_\_  
Parent/ Guardian Signature

Email this form to Dina Mendoza at [dmendoza@smmusd.org](mailto:dmendoza@smmusd.org) so that she may initiate the withdrawal process.