



MYRON B. THOMPSON ACADEMY

629 Pohukaina St., Ste 3
Honolulu, Hawaii 96813
Phone: (808) 441-8000
Fax: (808) 586-3640
www.ethompson.org

2011-2012 Secondary Intent to Exit

Dear Registrar:

Please release my child , _____ on _____
Student's Name Current Grade Disenroll Date

from Myron B. Thompson Academy. My child will be enrolling at _____.
Name of receiving school

Reason for disenrollment: _____

What could we have done better? _____

My child's computer/non-consumable items or laptop were returned on _____.
Date

Laptop Serial # _____

Parent/Guardian Signature _____ Date _____ Parent/Guardian Cell Phone _____

MBTA Official Signature _____

Office Use Only

- 1 COPY OF STUDENT'S VISI and 2 COPIES OF FORM 14
 - 211 Form
 - Student Schedule
 - Clearance Form
 - PowerSchool
 - Email Faculty
 - Moodle Password
-