Pottsgrove School District

STUDENT WITHDRAWAL FORM

Last Name **First Name** **Middle Initial** **Date of Birth**

Parent's Name

Grade/School

OFFICE USE ONLY
Date Mailed_____
Date Returned to District_____
Date of Phone Request_____
Date Returned to District_____
Form Never Received_____

Date of Withdrawal_____
Days attended this school year_____

Signature of School Official_____

New Residence:

_____
Number/Street

_____ _____
City State Zip

New School: _____
Address: _____

I acknowledge that the following items have been returned to the district. __Tech equipment (including charger), ___Tech fee paid, ___library books, ___lunch debt paid, ___sports equipment, ___Textbooks, ____ elevator pass (if issued)___music/band equipment

Parent Signature

I acknowledge that the following information will be released to the school listed above. I understand that information will be strictly confidential and used for professional purposes only.

_____School Records/Grades
_____ IEP

Signature of Parent/Guardian

Withdrawal Other Than School Transfer:

I grant permission for my son/daughter to withdraw from Pottsgrove School District.

Signature of Parent/Guardian