BOYERTOWN AREA SCHOOL DISTRICT

<u>Elementary Student Withdrawal Form</u>

Student's Name: _____
First   Middle   Last

Date of Birth: _____   Current School: _____

Current Teacher: _____   Current Grade: _____

Parent/Guardian (Please Print):_____

Home Phone: _____   Cell Phone: _____

Reason for Withdrawal: _____

Name/Address of New School: _____

New Home Address: _____

Date of Withdrawal: _____

Parent/Guardian Signature*: _____

*Signature authorizes release of records to requesting school.

Today's Date: _____

* Office use only *

Office Staff: Initial and date when task is complete.   Student ID**:** _____

_____ Teachers notified

_____ Technology Returned

_____ Withdrawn from system

_____ Records ready to mail

_____ Request for Records receive