**BOYERTOWN AREA MIDDLE SCHOOL WEST**

**STUDENT WITHDRAWAL FORM**

**Student Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last First Middle** **Grade/Homeroom**

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Withdrawal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Withdrawal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Address of New School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian \* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Signature authorizes release of records to requesting school**

The student shall report to each of his/her teachers in order to inform them of his/her withdrawal.

**At that time, the student shall return all books and supplies which are school property and pay any debts owed to the school from the library, cafeteria, activity fees, technology repairs, etc.**

When the form is completed, please return to the Main Office.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Teacher** | **Initials** | **Grade** | **Remarks /Student Obligations** |
| Language Arts |  |  |  |  |
| Social Studies |  |  |  |  |
| Science |  |  |  |  |
| Mathematics |  |  |  |  |
| Health |  |  |  |  |
| Physical Education |  |  |  |  |
| Art |  |  |  |  |
| Music- general |  |  |  |  |
| Business |  |  |  |  |
| Technology Education |  |  |  |  |
| Career Education (RTS) |  |  |  |  |
| Band |  |  |  |  |
| Chorus |  |  |  |  |
| Orchestra |  |  |  |  |

**INITIALS**

Library-Mrs. Palopoli \_\_\_\_\_\_\_\_\_

Nurse-Mrs. Eddinger/Mrs.Lacock \_\_\_\_\_\_\_\_\_

Technology return- Mrs. Miller \_\_\_\_\_\_\_\_\_

Cafeteria-balance paid \_\_\_\_\_\_\_\_\_

Sports-Mr. Bieber \_\_\_\_\_\_\_\_\_

**INITIALS**

School Counselor \_\_\_\_\_\_\_\_\_

Principal \_\_\_\_\_\_\_\_\_

Yearbook Ordered- YES\_\_\_\_\_ NO\_\_\_\_\_

**Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**