

WITHDRAWAL FORM

Student Name _____ I.D. # _____ Date: _____
 Student's New Address: _____ City/State/Zip _____
 Reason for W/D _____ Grade _____

Name of School Transferring to _____
 Address _____ City/State/Zip _____

€ Yes € No Student receives special education services

NOTE: Student will not be withdrawn until we receive official notice from the student's new school verifying the student's registration into the new school. Failure to enroll your child in the new school within 7 days of completing this form may result in the district filing truancy charges against the parent with the Montgomery County Juvenile Courts.

By signing I hereby authorize the transfer of all school records (including health records) for the above named student.

Parent Name (Printed): _____ Signature: _____

Withdrawal Date : ____/____/____ Attendance: Days Present _____ Days Absent _____ Tardies _____

Subject	Level *	Books Returned	Withdrawal Grade	Book or other fees owed	Teacher Signature
Language Arts					
Social Studies					
Reading					
Science					
Math					
Phys. Ed.					
Music					
Art					
Other					

IN ORDER TO RELEASE YOUR SCHOOL RECORDS, IT IS NECESSARY FOR YOU TO RETURN ALL BOOKS AND TO CLEAR ALL DEBTS.

* Key for course levels: R=remedial D=on grade level E=enrichment

FOR OFFICE USE ONLY:

____ Library books returned ____ All fees paid ____ Lunch charges paid ____ Athletics cleared
 _____ Counselor _____ Principal

Verification Received from New School _____

FOR SPECIAL EDUCATION ONLY, date copy of W/D form sent to Central Office _____