



MANHEIM TOWNSHIP SCHOOL DISTRICT STUDENT WITHDRAWAL FORM

Student Name: _____ School: _____

Date of Birth: _____ ID: _____ Grade: _____ Homeroom: _____

Student Schedule: **Drop** (no grade) **Drop** with grade **Delete** (did not attend school)

Reason for Withdrawal: _____

Date of Withdrawal: _____ Last Date of Attendance: _____

Family Moving **Student Moving Only**

Address before Withdrawal: _____

New Address: _____

New Phone: _____

Name of New School: _____

Address: _____

Phone Number: _____

Fax Number: _____

I grant permission to Manheim Township School District to release my child's record to the school that is listed above or to any other school that may request records within the next 120 days.

Parent/Guardian Signature

Date

Administrator's Signature

Date

Office Use only:	Withdrawal Date _____
School Yr _____	Grade _____ WD Code _____
SPED _____	ELL/LEP _____ Prog _____ Post Schl _____
Custom _____	Sched _____

