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

Rev 6/2012