

STROUDSBURG AREA SCHOOL DISTRICT STUDENT WITHDRAWAL FORM

STUDENT INFORMATION	
STUDENT NAME: _____	STUDENT ID: _____ WITHDRAWAL DATE: ____/____/____
BIRTHDATE: ____/____/____	GRADE: _____
ADDRESS OF NEW RESIDENCE: _____ _____ _____	
NAME/ADDRESS OF NEW SCHOOL: _____ _____ _____	

STUDENT RESPONSIBILITY REQUIRED FOR GRADES 5-12					
Subject/Activity	Teacher's Name	Grade	Signature Indicating Books & Materials Returned	Other	Signature
				Attendance	
				Coach	
				Guidance Counselor	
				Homeroom Teacher	
				Librarian	
				Nurse	
			Records forward to new school	Secretary	

CONSENT OF PARENT/GUARDIAN	
I give permission for my child, named above, to withdraw from _____ with the effective date of ____/____/____.	
<small>(Current School Name)</small>	
My signature is authorization and consent to send any necessary records to the school in which my child will be enrolling.	
X _____ <small>(Parent/Guardian Signature)</small>	X _____ <small>(School District Representative Signature)</small>
____/____/____	____/____/____
<small>(Date)</small>	

MAIN/GUIDANCE OFFICE USE ONLY		
Reason for Withdrawal (Circle only One)		
Moved to another state	Moved out of country	Maximum age/met Special Ed. goals
Quit school after required age	Incapacitated	Maximum age/not met Special Ed. goals
Attended Kindergarten and withdrew	Transferred to home-schooling	Enrolled but did not show
Kidnapped	Transferred to non-public/private school	Runaway/Whereabouts unknown
Lacks proper immunization	Graduated/GED	General Employment Certificate
Moved to another PA school	Deceased	Farm/Domestic Service Permit

PLEASE EMAIL COPY TO STUDENT REGISTRATION OFFICE TO COMPLETE WITHDRAWAL PROCESS
RETAIN ORIGINAL FOR STUDENT FILE