

WITHDRAWAL FORM

Middletown Area School District

Student's Name: _____ Student's I.D. #: _____

Date of Birth: ___/___/___ Grade: _____ Special Ed Student? Yes No

Current District Address: _____

New School: _____

New Home Address: _____

List names of all residents of this household who will **REMAIN** at the District address:

Cafeteria Account:

If you have a cafeteria balance and desire a refund, please include the following information:

Payable to: _____ Mailing address if different than address listed above: _____

Phone: _____

Email: _____

If you have a cafeteria balance DUE, you will receive a letter from the Business Office initiating the collection process.

I grant permission for the student listed above to be withdrawn from _____ (MASD school) with their last day of attendance as ___/___/____. My signature is authorization and consent to send any necessary records to the school in which my child will be enrolling. I understand that I am responsible for returning District-owned materials and for paying outstanding debt owed to the District and acknowledge that a collections process will be initiated for all outstanding items.

Signature of Parent/Guardian

Date

FOR OFFICE USE ONLY:

Reason for Withdrawal:

- Moved from District to another PA School District
- Moved to another state
- Transferred to a non-public school: private, cyber/charter, homeschool
- 10 day drop/non-attendance
- Summer withdrawal, please explain: _____
- Other, please explain: _____
- Quit

Reason (check only one):

- Academic Issues Behavioral Issues Disliked School Pregnancy Work
- Other: _____

Post-dropout plans (check only one):

- Military White Collar Worker Blue Collar Worker Service Worker Unemployed
- Homemaker Other: _____

Signature of School Personnel Completing Form

Date

Add to student's Cumulative Record after distribution to:

- Child Accounting/Census School Nurse Transportation Food Service (Business Office)
- Special Education (send with special education records)