

BOYERTOWN AREA SCHOOL DISTRICT

"to enable all students to succeed in a changing world"

Homeschool Student Withdrawal Form

Student's Name:		
First	Middle	Last
Date of Birth:	_ Current School:	
Current Teacher:		Current Grade:
Parent/Guardian (Please Print):		
Home Phone:	Cell Phone:	
Parent Email Address:		
Reason for Withdrawal: Homeschool		
Date of Withdrawal:		
Parent/Guardian Signature*:*		es release of records.
Today's Date:		
*******	* Office use only *	*********
Office Staff: Initial and date when task	is complete.	Student ID:
Teachers notified		
Withdrawn from system		
Records ready to mail		
Request for Records recei	ived	