BOYERTOWN AREA MIDDLE SCHOOL
WEST CENTER

PUPIL WITHDRAWAL FORM

NAME _____ _____
Last **First** **Middle** **Grade and Section**

Age _____ Date of Birth _____ Date of Withdrawal _____

Reason For Withdrawal _____

Name of School You Will Attend _____

Name of Parent/Guardian _____

Address _____

Parent/Guardian Signature ***** _____

***Signature authorizes release of records to requesting school**

The student shall report to each of his teachers in order to inform them of his withdrawal. At that time the students shall return all books, supplies, etc., which are school property, and pay any bills owed to the school.

	Teacher's Name	Initials	Grade at Time Of Withdrawal	Remarks
English				
Social Studies				
Science				
Mathematics				
Reading				
Geography				
Wellness				
Art				
Music				
Fitness				
Family and Consumer Sciences				
21st Century Living				
Survival 101				
Foreign Language				
Computer 7, 8 or Integration				
Starting Your Own Business				
Technology Education				
Architectural CADD				
Materials Technology				
Problem Solving				
NJROTC				
Band				
Chorus				
Orchestra				
Library				
Nurse				
Guidance Counselor				
Principal				
Office Secretary				

Yearbook ordered_____ yes ____ no