

**BOYERTOWN AREA MIDDLE SCHOOL
WEST CENTER**

PUPIL WITHDRAWAL FORM

NAME _____
Last
First
Middle
Grade and Homeroom

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/her teachers in order to inform them of their withdrawal and request their signature and his/her final grade.

***At that time the students shall return all books, supplies, etc., which are school property, and pay any debts owed to the school. (Library, Café, Activity Fee, Technology Repairs, etc.)**

~ When completed, this form should be turned in to the Main Office.

	Teacher's Name	Initials	Grade at Time of Withdrawal	Remarks
Language Arts	_____	_____	_____	_____
Social Studies	_____	_____	_____	_____
Science	_____	_____	_____	_____
Mathematics	_____	_____	_____	_____
Health	_____	_____	_____	_____
Art	_____	_____	_____	_____
Music - general	_____	_____	_____	_____
Band	_____	_____	_____	_____
Chorus	_____	_____	_____	_____
Orchestra	_____	_____	_____	_____
Physical Education	_____	_____	_____	_____
Business	_____	_____	_____	_____
Career Education (RTS)	_____	_____	_____	_____
Technology Education	_____	_____	_____	_____
*Library	_____ Mrs. Palopoli _____	_____	_____	_____
*Nurse	Mrs. Hopple or Mrs. Moyer _____	_____	_____	_____
*Office Secretary	_____	_____	_____	_____
*Technology return to school technician	_____ Mrs. Miller _____	_____	_____	_____
School Counselor	_____	_____	_____	_____
Principal	_____	_____	_____	_____

Yearbook ordered ___yes___no