

BOYERTOWN AREA SENIOR HIGH SCHOOL

STUDENT WITHDRAWAL FORM

Student Name _____
Last
First
Middle
Grade/Section

Age _____ Date of Birth _____ Telephone Number _____

Locker Number _____ Key _____ Combination _____

Parent/Guardian (Please Print) _____

New Address _____

Date of Withdrawal _____ Reason for Withdrawal _____

Name/Address of New School (if applicable) _____

Signature of Parent/Guardian* Date

Signature of Student Date

Signature of School Counselor Date

Signature of Principal Date

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

The student shall inform each teacher of withdrawal on the last day the student is in school. Arrangements must be made to see remaining teachers during that day. At the time the student must return all books, supplies, etc., which are school property, and pay all outstanding debts. After completing this requirement, the student must report to the counselor, as scheduled.

Class	Teacher	Initials	Books Owed or Other Obligations

INITIALS

Security Office _____

Athl. Office _____

Obligations _____

IT- Computer return _____

INITIALS

School Nurse _____

Class Advisor _____

Librarian _____

Cafeteria _____

Student ID Card Returned Y__ N__

Student ID Number _____