

BOYERTOWN AREA MIDDLE SCHOOL EAST

STUDENT WITHDRAWAL FORM

Student Name _____
Last
First
Middle
Grade/Homeroom

Date of Birth _____ Date of Withdrawal _____

Reason for Withdrawal _____

Name/Address of New School _____

Parent/Guardian (Please Print) _____

New Address _____

Signature of Parent/Guardian * _____ Date _____

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

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

Subject	Teacher	Initials	Grade	Remarks
English				
Social Studies				
Science				
Mathematics				
Reading				
Geography				
Health/Wellness				
Art				
Music				
Phys. Ed.				
FCS				
21 st Century Living/ Survival 101				
Journal/Drama/Public Speaking				
Foreign Language				
Technology Education				
Architectural CADD				
Materials Technology				
Problem Solving				
Business/Computer				
NJROTC				
Band				
Chorus				
Orchestra				
Sport (Mr. Takacs)				
Library				
Nurse				
Cafeteria				
Office				

Yearbook Ordered YES NO