

PA Secure ID # _____ **STUDENT WITHDRAWAL FORM**
 GREENWOOD HIGH SCHOOL 405 East Sunbury Street, Millerstown, PA 17062
 717-589-3116 or FAX: 717-589-1016

STUDENT NAME: _____ GRADE _____ LOCKER # _____
 DATE OF BIRTH: _____ LAST DAY IN CLASSRM _____ WITHDRAWAL DATE _____
 REASON FOR WITHDRAWAL: _____

<u>SUBJECT</u>	<u>GRADE</u>	<u>TEACHER</u>	<u>SUBJECT</u>	<u>GRADE</u>	<u>TEACHER</u>
ENGLISH	_____	_____	LANGUAGE	_____	_____
HEALTH	_____	_____	TECH-ED/FACS	_____	_____
SOCIAL STUDIES	_____	_____	ART	_____	_____
MATHEMATICS	_____	_____	CHORUS/BAND	_____	_____
READING	_____	_____	PHYSICAL ED	_____	_____
SCIENCE	_____	_____	OTHER	_____	_____
Guidance Counselor Signature: _____					

OBLIGATIONS CLEARED: LIBRARY ___ CAFÉ ___ OFFICE ___ RENTAL LOCK RETURNED ___

TO THE PARENT: When children move to another school district, it is the policy of the Greenwood School District to send the public information concerning the child to the new school upon request by that school. In some cases, there may be confidential information in the cumulative folder which could be helpful to the child and the new school, but it will not be sent without the parent's permission. Please complete the information requested below if you grant your permission for Greenwood to release any confidential information to the receiving school.

* * * * *

I hereby grant the Greenwood School District permission to send to the requesting school my child's confidential information including any psychological reports which the Greenwood counselor feels will enable the requesting school to better understand my child.

Signed _____
 (Parent or Legal Guardian)

I hereby grant the Greenwood School District permission to send only the public information to the requesting school.

Signed _____
 (Parent or Legal Guardian)

____ There are NO ACT 26 Disciplinary Records for this student.
 ____ ACT 26 Disciplinary Records for this student are enclosed.

This is to certify that I find this student cleared to withdraw.

Signed _____
 HS Principal, Mrs. Michele Dubaich
 MS Principal, Mr. Adam Sheaffer

I give my permission for my child to withdraw from Greenwood High School.

Signed _____
 (Parent or Legal Guardian)

New School _____
 School Address/Phone/FAX: _____

Parent Current Address, Phone Number, &
 Twp/Boro _____

Date Records Mailed: _____

Our New Address/Location _____