**STUDENT WITHDRAWAL FORM**

**STUDENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STUDENT ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE:** \_\_\_\_\_\_\_\_\_\_\_\_

**WITHDRAWAL DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR WITHDRAWAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NO**

**YES**

**TECHNOLOGY RETURNED (ex. Ipad, Chromebook, etc)**

**NEW ADDRESS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **C.E. Cole Intermediate School Muhlenberg Elementary Center**

 **3630 Kutztown Road 610 Sharp Avenue**

 **Reading, PA 19605 Reading, PA 19605**

 **Fax: 610-741-1198 Fax: 610-921-7905**

I grant Muhlenberg School District permission to remove the above-named student from their roster and to send all school records to the receiving school requesting them. I understand that records will be sent to the requesting school pending no obligations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Guardian