



Pomperaug Regional School District 15's Withdrawal Form

Student Name:	Date of Birth:
Grade/Teacher:	School:
Current Mailing Address:	City/Zip:

Reason for Withdrawal:	
Last Day of Attendance:	Withdrawal Date:
Is this student Special Education: <input type="checkbox"/> yes <input type="checkbox"/> no	

Name of Parent/Guardian:
Phone Number:
New Mailing Address:
New School and Address:

Parent Signature _____ Date _____

Administrator Signature _____ Date _____

Please mail, fax or email this form to the following:
Region 15 Board of Education Office/Registration
P.O. Box 395, 286 Whittemore Road, Middlebury, CT 06762-0395
Fax: (203) 758-2776
Email: registration@region15.org