



Phone: 508 597 2400

Fax: 508 597 2499

Web: www.amsacs.org

201 Forest Street, Marlborough, MA 01752

AMSA Student Voluntary Withdrawal Form

Student Name: _____
Last First Middle

Student's Date of Birth: ____/____/____ Grade: _____

Forwarding Address: _____

City: _____ State: ____ Zip: _____

School student will attend: _____

School address: _____

Effective date: ____/____/____ Reason for Withdrawal: _____

Parent/Guardian Authorization and Acknowledgment:

1. I, the undersigned, attest that I am the **legal guardian** of the above named student.
2. I understand that by signing this form, the above named student will be **removed** from the student rolls of the AMSA Charter School, as of the effective date above.
3. I understand that all of the above named student's textbooks must be returned or paid for, and all other financial obligations to the school settled, by the effective date above.
4. I understand that the above named student's school record will be released to their new school.
5. I understand that students who withdraw from AMSA **are not eligible** to participate in AMSA-sponsored sports, clubs, or activities.

Parent/Guardian Signature: _____ Date: ____/____/____

Please Print Name: _____