## Susquehanna Township School District Withdrawal Form

This form must be turned in to the office at the student's school building on the last day of attendance.

Please check which building your child currently attends:

Susquehanna Twp. High School  Susquehanna Twp. Middle School    Thomas W. Holtzman Elementary School  Sara Lindemuth/Anna Carter Primary School							
Date:	_ Stud	dent Name:					
Grade: Date of Birth: Bus Number: Last Day of Attendance:							
Reason for W	'ithdra	awal:					
New Address	:						
Current Email Current Phone #							
New School:						5. 	
Parent/Guard	lian Si	gnature:					
Parent/Guardian Printed Name:							
Sibling Name:	g Name: Grade: Also W					hdrawing: 🗌 Yes 🗌 No	
Sibling Name: G					Also Withdrawing: 🗌 Yes 🗌 No		
Sibling Name:			Grade:		Also Witho	drawing:	Yes 🗌 No
	STSD Office Use Only:    PA Secure ID Number:						
	Locker Checked (Secondary Only): Yes No						
	Offe	ered HCA: 🗌 Yes 🗌 N	No (Not Applicabl	le)			
STSD TEACHER USE ONLY:							
Subject		Obligation			Grade to	Teacher	
			obligation			Date	Initials
				_			