



# Charleroi Area School District

## WITHDRAWAL FORM

STUDENT NAME:

ADDRESS:

DATE OF BIRTH:

PHONE:

DATE:

ID#:

BUS NO:

GRADE:

HR#:

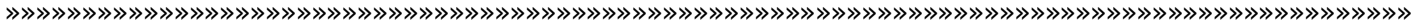
**PARENTS/GUARDIANS:** When a student leaves school for any reason, he/she should "check out" properly. When you have completed this form, you have checked out properly and are entitled to a clear record from the school. Please bring this form, when completed, to the middle school office.

**TEACHERS:** As the student returns his/her book to you, please provide the student's current grade along with your initials.

**IF YOU DID NOT PROVIDE THIS STUDENT WITH A BOOK** please put an "x" through "returned book" section.

SUBJECT/TEACHER	% GRADE	INITIALS	RETURNED BOOK
1) ELA –			<input type="checkbox"/> Y <input type="checkbox"/> N
2) Reading--			<input type="checkbox"/> Y <input type="checkbox"/> N
3) Reading Literacy --			<input type="checkbox"/> Y <input type="checkbox"/> N
4) Math Lab --			<input type="checkbox"/> Y <input type="checkbox"/> N
5) Math --			<input type="checkbox"/> Y <input type="checkbox"/> N
6) Music --			<input type="checkbox"/> Y <input type="checkbox"/> N
7) Social Studies--			<input type="checkbox"/> Y <input type="checkbox"/> N
8) Science--			<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N

INITIALS
Nurse: _____
Librarian: _____
Office: _____
Cafeteria: _____
Locker Cleaned: _____
Lock Returned: _____



### Student's Statements Regarding Withdrawal from School (for permanent record folder).

I am leaving school because: \_\_\_\_\_

My new complete address will be: \_\_\_\_\_

My phone number: \_\_\_\_\_

School to which I will transfer (starting tomorrow): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_