



Student Withdrawal Form

Today's Date: _____ Withdrawal Date: _____

Student's Name: _____ DOB: _____

Withdrawing School: _____

Moon Area ID #: _____ State ID #: _____ Grade: _____

Withdrawal Reason: _____

- I hereby authorize Moon Area School District to withdraw my child as of the date listed above. I understand that I will need to re-register my child in order to have continued enrollment in the Moon Area School District.
- To comply with state law, Moon Area School District requires adequate documentation of continued school enrollment for all students. The adequate documentation must be in the form of an official records request or signed confirmation from a school official.
- Students who are 18 years of age or older will be considered as a drop out if documentation of continued school enrollment is not provided to the district. Students under the age of 18 may be considered "habitually truant" and referred to the local Children and Youth Agency and/or charges filed with the District Magistrate if documentation of continued school enrollment is not provided to the district in a timely manner.
- Official school records will be forwarded upon request.
- Students listing their Withdrawal Reason as "Drop Out" need contact their Counselor and/or a High School Administrator to schedule an Exit Meeting prior to their last day.

SELECT C I understand that all school property must be returned at the time of withdrawal. School property may include but is not limited to laptops, iPads, textbooks, library books, and other supplies that were borrowed from the school during the time of enrollment. I understand that I will be charged for any items that are not returned at the time of withdrawal.

Please complete the following information.

Parent/Guardian Name: _____

Cell Phone(s) or Contact Number(s): _____

Parent/Guardian Email Address: _____

New Home Address: _____

City, State, Zip: _____

New School/School District: _____

City, State: _____

Parent/Guardian Signature: _____