



STUDENT WITHDRAWAL FORM

(Please submit one form per student)

Please be advised that my son/daughter will no longer be attending the New Providence Public Schools.

Student Name: _____

Date of Birth: _____

Current School/Grade/Home Room Teacher _____

Last Day of Attendance: _____

Current Home Address: _____

Forwarding Home Address: _____
Street, City, State, Zip (Country if not U.S.A.)

Contact Information: Cell Phone #: _____ New Home #: _____

Email Address: _____

New School Name: _____

School District: _____

Expected Date of Enrollment: _____

School Address: _____

City, State, Zip Code: _____

School Phone Number: _____

The laws of confidentiality require that the school last attended by your child has the permission of the student's parent or guardian before releasing the student's records. Your signature below will authorize (upon request by the new school) New Providence Schools to forward a full student transcript of academic records, including grades, test scores, health, and Special Education records (if appropriate) to the new school.

Parent/Guardian: _____
Printed Name Signature

Relationship to Student: _____ Date: _____

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| Approved by/Transfer Code _____ Principal or Designee /Code | [Office Use Only] Fines/Fees Received NJ SID # _____ Date _____ |
| Request for Records Received from New School: | Date _____ |
| Records Sent to New School: | Date _____ |
| COPY OF THIS FORM SENT TO: | |
| <input type="checkbox"/> Data Analyst | <input type="checkbox"/> Main Office |
| <input type="checkbox"/> Special Services | |