

Student Withdrawal Form

Date:	Current Grade Level:	
Student Name:		DOB:
Address:		
City:	State:	Zip:
following reason:	Lakeway Elementary for the 202	·
New School		
New School Attending	:	
Address:		
City:	State:	Zip:
Home School		
Home School Program	Name:	
Other:		
I give Lakeway Elementary pe school upon request.	rmission to send my child's stude	ent records to my child's new
Parent/Guardian's Name:		
Signature:		
Date:		