

## STUDENT WITHDRAWAL FORM



Northern York County School District  
Northern Middle School  
655 S. Baltimore Street  
Dillsburg, PA 17019  
Phone: (717) 432-8691 ext. 1308  
Fax: (717) 432-7406

**SECTION A: PARENTAL CONSENT TO WITHDRAW – \* Please complete Section A only and Sign \***

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Last Day in School: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 I, \_\_\_\_\_, am the parent/guardian of the above named student. I hereby agree to his/her withdrawal from school on the date indicated above. The reason for withdrawal is: (please check one)

( ) Moving from Northern York Co. School District to \_\_\_\_\_  
 ( ) Remaining in District, transferring to cyber/charter school at \_\_\_\_\_  
 ( ) Remaining in District, transferring to private school at \_\_\_\_\_  
 ( ) Remaining in District, transferring to homeschooling \_\_\_\_\_  
 ( ) Other \_\_\_\_\_

**PERMISSION TO RELEASE RECORDS:** *By signing below, I hereby authorize Northern York County School District to release my child's academic, special education and health records, which may include confidential information such as psychological, educational, medical and sociological evaluations/reports, to the requesting school.*

Parent/Guardian Name (Please Print): \_\_\_\_\_  
 Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B: (To be completed by the school)**

Subject	Grade to Date	Book Returned	Library Clearance:					
English			Nurse Clearance:					
Reading								
Math								
Science			Cafeteria Clearance: Lunch Balance Due _____ Account Refund Given/Due _____					
Social Studies								
Spanish/French								
P.E.			Locker #:					
Band								
Chorus								
Orchestra			Course Placement Level					
Art				Adv.	High	Grade Lvl	Grade Conversion Chart	
FACS			Reading	n/a			93-100	A
Health			English	n/a			85-92	B
Tech Ed			Math				77-84	C
STEAM							70-76	D
Agriculture Literacy			Math - 8 <sup>th</sup> Grade	Algebra	High Pre-Alg.	Pre- Alg.	Below 70	F
			<i>(Check One)</i>				I	Incomp.

**SECTION C: (to be completed by the school)**

PA Secure ID# PSSA's

Days Belonged: \_\_\_\_\_  
 Days Absent: \_\_\_\_\_  
 Days Attended: \_\_\_\_\_

**Special Placements:**  IEP  504  GIEP

**Discipline Records:**  
 ( ) None for this student  
 ( ) Will be sent with records

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Principal's Signature