

BERMUDIAN SPRINGS SCHOOL DISTRICT



WITHDRAWAL FORM

(Please complete a separate form for each child)

Student's Name _____ ID# _____

Grade _____ Last day student will be in attending Bermudian Springs _____

Address of New Residence _____

Name of New School _____ ☐ Unknown at this time

State of New School _____ ☐ Moving out of country

I give my permission for my child to withdraw from Bermudian Springs School District. My signature is authorization and consent to send any necessary records to the school in which my child will be enrolling. I understand Bermudian Springs School District must comply with compulsory school attendance laws and no student can be withdrawn until enrollment verification from another educating institution is received.

Parent/Guardian Signature _____ Date _____

Students will be given a withdrawal checklist to ensure all school issued items are returned.

----- School Office Use Only -----

☐ Notification in person ☐ Notification by Phone ☐ Notification by Note ☐ Notification from enrolling school district

WITHDRAWAL CODES (Refer to APPENDIX E)

WD01	Left without transferring or dropped out	WD06	Student deceased
WD02	Transferred to another public LEA & Cyber	WD09	Enrolled but did not show
WD03	Transferred to private or non-public school or out of state of PA or out of US & Homeschool	WD11	Change in program, grade, residency status, etc. but stay in the same school within the same school year.
WD04	Fulfilled graduation requirements or GED	WD12	Change in program, grade, residency status, etc. resulting in a change in school within the same school year.

DROP OUT DATA (Circle Only One) - HIGH SCHOOL STUDENTS ONLY

A Academic problems	C Child, Married or Pregnancy	R Runaway or expelled	O Other
B Behavior problems	D Disliked school	W Wanted to work	

PLANNED POST-DROPOUT ACTIVITY (Circle Only One)

120 Homemaker 130 Military	140 White Collar Worker 150 Blue Collar Worker	160 Service Worker 170 Unemployed	180 Other
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BSSD Withdrawal Date _____ **New School Enrollment Date** _____

Administrator Signature _____ Date _____