

# NORTHERN YORK COUNTY SCHOOL DISTRICT STUDENT WITHDRAWAL FORM

\_\_\_ Dillsburg Elementary

\_\_\_ South Mountain Elementary

\_\_\_ Northern Elementary

\_\_\_ Wellsville Elementary

## 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)

Student ID # \_\_\_\_\_

Student Services:  IEP  504  GI EP

**\*\*If checked, email scanned copy to Student Services for completion\*\***

IPad/Chromebook & charging cord returned: ( ) YES ( ) NO

District Social Worker notified if McKinney-Vento student ( ) YES ( ) NO

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