

# NORTHERN YORK COUNTY SCHOOL DISTRICT STUDENT WITHDRAWAL FORM

( ) **Northern High School**  
 653 S Baltimore Street  
 Dillsburg, PA 17019  
 Phone: (717) 432-8691 ext 2009

( ) **Northern Middle School**  
 655 S. Baltimore Street  
 Dillsburg, PA 17019  
 Phone: (717) 432-8691 ext. 1308

**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
- ( ) Passed required attendance age
- ( ) 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)**

Library Clearance: \_\_\_\_\_

Nurse Clearance: \_\_\_\_\_

Cafeteria Clearance:  
 Lunch Balance Due \_\_\_\_\_  
 Account Refund Given/Due \_\_\_\_\_

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

IT Clearance:  
 Laptop & charging cord returned: ( ) YES ( ) NO  
 Calculator returned: ( ) YES ( ) NO

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

Student ID#
PA Secure ID#

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

**Student Services:**  IEP  504  GIEP  
**\*\*If checked email scanned copy of form to Student Services for completion\*\***

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

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

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