

**EASTERN LEBANON COUNTY SCHOOL DISTRICT
WITHDRAWAL FORM
PARENT/GUARDIAN MUST RETURN SIGNED FORM IN PERSON
K-8th: Student's School Building Office -- High School: Counseling Office**

STUDENT NAME: _____ **STUDENT ID#:** _____ **GRADE:** _____

CURRENT ADDRESS: _____

NEW ADDRESS (if known): _____

LAST DAY OF SCHOOL ATTENDANCE: _____

SCHOOL DISTRICT -OR- CHARTER SCHOOL STUDENT IS TRANSFERRING TO:

District/Charter Name: _____

Building Name (if known): _____

Address (if known): _____
Address City State Zip

WITHDRAWING TO HOMESCHOOL

Must complete and submit requirements to the High School Counseling Office before beginning a Home Education Program.

I, _____
Print Name

Parent/Guardian of the above-named student am withdrawing him/her from the ELCO School District.

Parent/Guardian Signature

BUILDING / COUNSELING OFFICE:

ALL OUTSTANDING OBLIGATIONS ADDRESSED YES NO

IF NO, STATE SPECIFICS: _____

Building/Counseling Admin. Assistant Signature

Building Principal Signature

HIGH SCHOOL COUNSELING OFFICE USE:

EXPECTED POST GRAD/DROPOUT ACTIVITY: _____

POST SECONDARY PLANS: _____

GRAD STATUS CODE: _____

POST DROPOUT ACTIVITY: _____ DROPOUT REASON: _____ PROGRAM: _____

Student File / District Central Registrar