Shorewood
SCHOOL DISTRICT

Pupil Services Office
1701 E. Capitol Drive
Shorewood, WI 53211
(414) 963-6903
Fax: (414) 963-6946

Student Withdrawal Form *to be completed by parent(s)/guardian(s)*

I am officially withdrawing my student from the Shorewood School District.
I understand all transcripts and records will not be forwarded until all materials are returned, all financial obligations are fulfilled, and the new school makes a written request for the transcript.

_____ _____
Parent/Guardian 1 Signature Date Parent/Guardian 2 Signature Date

Student's name: _____
First Middle Last

Grade: _____ School: ☐ Atwater ☐ Lake Bluff ☐ SIS ☐ SHS

Student's last date in attendance: _____

Reason for withdrawal: _____

_____

Current phone number: _____

Current address: _____
Address City State Zip

New address: _____
Address City State Zip

New school: _____
Name City Public or private

Failure to cause your student to attend school is a violation of the compulsory attendance laws of the state of Wisconsin.

Students not enrolled in their new school are considered truant from the Shorewood School District.