STEELTON-HIGHSPIRE SCHOOL DISTRICT PUPIL WITHDRAWAL FORM

250 Reynders Avenue, Steelton, PA 17113 (717) 704-3800

ELEM SCHOOL GRADE: _____ SSN: _____-_____-_____

STUDENT NAME:_____DOB: _____

last first middle

CURRENT ADDRESS_____ APT#_____ PHONE #_____

I _____, AM WITHDRAWING

parent or guardian's name

_____FROM SCHOOL FOR THE FOLLOWING REASON **(CHECK 1 BOX):**

student's name

☐ MOVING TO _____

new address

IS ENTIRE HOUSEHOLD MOVING? NO___ YES___ (PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM)

☐ ENROLLING IN PRIVATE OR PUBLIC SCHOOL _____

name of school

Items to be returned to the school for student ID# _____:

****Chromebook** (write date returned): _____

**Chromebook charger: Yes ☐ No ☐

Library books due_____

PARENT/GUARDIAN SIGNATURE: _____

WITHDRAW DATE:_____ **WITHDRAW DAY**_____

PLEASE COMPLETE REVERSE SIDE OF FORM IF THE ENTIRE HOUSEHOLD IS MOVING

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BELOW LIST ALL STUDENTS **MOVING** FROM THE ADDRESS ON THE FRONT SIDE OF THIS FORM

NAME & GRADE LEVEL	STUDENT ID	DATE OF BIRTH	CHROMEBOOK RETURNED- Date

BELOW LIST ALL STUDENTS **REMAINING** FROM THE ADDRESS ON THE FRONT SIDE OF THIS FORM

NAME & GRADE LEVEL	STUDENT ID	DATE OF BIRTH

SCHOOL AND DISTRICT USE ONLY BELOW THIS LINE

CUMULATIVE FOLDER _____(ORIGINAL) TAX CLERK _____(COPY)

STUDENT FOLDER _____(COPY) LUNCH PROGRAM _____(COPY)

GUIDANCE OFFICE _____(COPY) CHILD ACCOUNTING _____(COPY)

TRANSPORTATION _____(COPY) (COMPLETE TRANSPORTATION FORM FOR THE DRIVERS)

ADDITIONAL COMMENTS_____

_____

_____

THIS FORM MUST BE CIRCULATED TO ALL DEPARTMENTS LISTED ABOVE

STUDENT # _____ TUITION OR AFFIDAVIT STUDENT_____

WITHDRAW DATE:_____**WITHDRAW DAY**_____