



Manville School District

908.231.8500

1100 Brooks Blvd., Manville, NJ 08835 • www.manvilleschools.org

Student Withdrawal Form

Student Name: _____ Grade: _____ School: _____

Date of Birth: _____ Male: ___ Female ___ SID# (OFFICE USE) _____

Name of Parent/Guardian: _____

Student New Home Address: _____

Transferring School's Name: _____

Transferring School's Address: _____

Transferring School's Telephone #: _____

Fax #: _____ County: _____ District: _____

Student's Last Day of Attendance ____ / ____ / ____

Principal's Signature: _____

RELEASE

I hereby give permission for the Manville School District to furnish academic, discipline, free/reduced lunch forms, and medical information, including any special services information concerning the above-listed student, which will help the school gain an understanding of the child with a view towards meeting his/her immediate needs.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Relationship: _____ Date: _____

*Main Office – If a Charter School transfer, forward to the Director of Special Services/Business Administrator.

Every Child, Every Day