



**West Chester Area School District**  
782 Springdale Drive | Exton, PA 19341 | 484.266.1000

## Student Withdrawal Form - Secondary

(If completing electronically, use the Tab key to move from field to field.)

**Date:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **WCASD Building:** \_\_\_\_\_

I hereby certify that the above-named student has withdrawn from West Chester Area School District in the Commonwealth of Pennsylvania effective \_\_\_\_\_.

**Reason for withdrawal:** \_\_\_\_\_

**For student athletes only:** As per PIAA transfer rules, an exit interview must take place between Administration and student/parent prior to transferring.

**Signature of Principal/AD:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the exchange and release of records/information (written and verbal) between West Chester Area School District and:

**Name of Entity:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Contact name and number (if available):** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian Address:**  
\_\_\_\_\_

**Parent/Legal Guardian Email:** \_\_\_\_\_

**Parent/Legal Guardian Phone:** \_\_\_\_\_

**If you have any questions, please contact:** \_\_\_\_\_