



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

Student Withdrawal Form - Elementary

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I hereby certify that the above-named student has withdrawn from West Chester Area School District in the Commonwealth of Pennsylvania effective _____.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

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: _____