

# BOYERTOWN AREA MIDDLE SCHOOL WEST

## STUDENT WITHDRAWAL FORM

Student Name \_\_\_\_\_  
Last
First
Middle
Grade/Homeroom

Date of Birth \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Reason for Withdrawal \_\_\_\_\_

Name/Address of New School \_\_\_\_\_

Parent/Guardian (Please Print) \_\_\_\_\_

New Address \_\_\_\_\_

Signature of Parent/Guardian \* \_\_\_\_\_ Date \_\_\_\_\_

**\*Signature authorizes release of records to requesting school**

The student shall report to each of his/her teachers in order to inform them of his/her withdrawal.

**At that time, the student shall return all books and supplies which are school property and pay any debts owed to the school from the library, cafeteria, activity fees, technology repairs, etc.**

When the form is completed, please return to the Main Office.

Subject	Teacher	Initials	Grade	Remarks /Student Obligations
Language Arts				
Social Studies				
Science				
Mathematics				
Health				
Physical Education				
Art				
Music- general				
Business				
Technology Education				
Career Education (RTS)				
Band				
Chorus				
Orchestra				

	<b>INITIALS</b>			<b>INITIALS</b>
Library-Mrs. Palopoli	_____	School Counselor		_____
Nurse-Mrs. Eddinger/Mrs.Lacock	_____	Principal		_____
Technology return- Mrs. Miller	_____			
Cafeteria-balance paid	_____	Yearbook Ordered- YES _____ NO _____		
Sports-Mr. Bieber	_____			

**Student ID Number** \_\_\_\_\_