



# Amherst Central School District

Anthony J. Panella  
Superintendent

Lynn Shanahan, Ph.D.  
Assistant Superintendent  
for Curriculum, Instruction & Technology

Michael Belle-Isle  
Assistant Superintendent  
for Student & Staff Services

## Student Withdrawal Form

Building: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last Name First Name Middle Name

Student Grade: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

### Reason for Withdrawal:

- Moving Out of District / State / Country Name of new school: \_\_\_\_\_
- Transferring to Private School Name of private school: \_\_\_\_\_
- Transferring to Home Schooling
- Dropping Out (*Student must finish the school year in which he/she turned 16 years old. Student must sign and date below.*)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does student plan to pursue a GED / HSE? Yes  No

Other (*please specify*): \_\_\_\_\_

Student last day of attendance at ACSD: \_\_\_\_\_

Does student currently receive Special Education Services? Yes  No

Name of new school district: \_\_\_\_\_

Address of new school district: \_\_\_\_\_

New home address: \_\_\_\_\_

Is the entire family moving? Yes  No

If NO, name of person student will reside with: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

New home address: \_\_\_\_\_

By signing below, I give permission for the exchange of information concerning my child between the ACSD and the new school listed above. Furthermore, I understand that all school fees must be paid in full and all school issued materials must be returned prior to my child(ren) being withdrawn from school.

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

Parent / Guardian Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_