



York Suburban SCHOOL DISTRICT

*Inspiring a **BOLD** Future*

York Suburban School District Withdrawal Form

A copy of the signed and completed form must be emailed to registration@yssd.org

Student Name: _____

Withdrawal Date: _____ Grade: _____ Withdrawal Code (office use): _____

Is the Student a Learning Support or Gifted Student? No _____ Yes _____

Reason for Withdrawal

☐ Moving: Name of New School: _____

Address of New School: _____

School phone number: _____ School fax number: _____

☐ Check to request that student records be sent to the above school.

☐ Withdrawing after reaching the required age of 18: Date of Birth: _____ Student Age: _____

If age 16, the student/parent/guardian must produce verification of 27.15 or more hours of employment.

☐ Other: _____

New Residence Information

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Effective Date: _____

Please sign and return the completed form via email to: registration@yssd.org

Printed Name of Parent/Guardian _____ Date: _____

Signature of Parent/Guardian _____

Relationship to the above student (check one): _____ Father _____ Mother _____ Guardian