SHANKSVILLE-STONYCREEK SCHOOL DISTRICT

STUDENT WITHDRAWAL

Academic Year: _____

1. STUDENT INFORMATION

Student Full Name: _____ **Grade:**_____

Date of Birth: ____ / ____ / _____

Parent/Guardian Name: _____

New Phone Number: _____ **Cell Number:** _____

New Address: _____

_____

2. WITHDRAWAL DETAILS

Last Date of Attendance: ____ / ____ / _____

Reason for Withdrawal (check one):

☐ Student moved from the school district
☐ Student transferred to a nonpublic school
☐ Student transferred to home schooling
☐ Other: _____

School transferring to (if known):

_____
_____

Parent Signature: _____

Principal Signature: _____

Date: ____ / ____ / _____

3. DISTRICT CLEARANCE CHECKLIST

(To be completed by school staff)

Library:
☐ No outstanding books ☐ Fines cleared

Staff Signature: _____ Date: _____

Cafeteria / Fees:
☐ Meal charges cleared ☐ All fees paid

Staff Signature: _____ Date: _____

Technology / Device Return:
☐ Chromebook/iPad returned ☐ Charger returned
☐ Other equipment: _____

Staff Signature: _____ Date: _____

Classroom & Materials:
☐ Textbooks returned ☐ Classroom materials returned

Staff Signature: _____ Date: _____

Office / Student Records:
☐ Records updated ☐ Withdrawal entered ☐ Transfer packet prepared

Staff Signature: _____ Date: _____