Weatherly Area School District Student Withdrawal Form

Copy to:	Child Accounting
	Guidance Counselor
	Nurse
	Transportation

Today's Date:	<u> </u>	1	To be completed by Office:
			Student ID #
Student Name:		•	
Date of Birth:	Age (círcle one): over 17	· und	er 17
Current Grade	Building:		
Last day of attendance in Weatherf	y Area School District:		
Please choose one of the following	;		
A. My child will be enrolled in a:	Pa Public School (WD02) & (Private/Non-Public School (W Out of State Public School (W Out of Country School (WD0) Cyber Charter School (WD02	VDO3) & VDO3) & 3) & (Pí	(PIMSGRADSTATUS-L) MSGRADSTATUS-L)
B. I intend to home school my			
C. Other: (please explain)			
*(Office Use Note: GRADUATION Status Code record for any stud	N STATUS CODES MUST BE ent who transfers/transferred	ENTER as not	ED IN SIS as a Student ed above)
New School Information: School Name: (if known)			<u> </u>
School District:			
City:	State:		
Country: (if not USA)			
New Contact Information: New Phone Number: (if known)			•
New Address: (if known)			
If we have questions, how may we	reach you?		
Parent Name: (please print)			
Parent Signature:			Date:
School Official Signature:	•		Date:

Note: If parent or guardian is unable to sign this form, the school district should indicate the reason the signature was not obtainable.