**STUDENT WITHDRAWAL FORM**

**STUDENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STUDENT ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE:** \_\_\_\_\_\_\_\_\_\_\_ **WITHDRAWAL DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REASON FOR WITHDRAWAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADUATION PLANS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Muhlenberg High School Muhlenberg Middle School New Address:**

 **Guidance Office Guidance Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **400 Sharp Avenue 801 Bellevue Avenue**

 **Reading, PA 19605 Reading, PA 19605**

 **Fax: 610-921-9726 Fax: 610-921-8038 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE TO TEACHERS: This form is to notify you that the above-mentioned student is withdrawing from our school. Please sign this form for the student. If you do not have the grade and/or obligations at this time, please notify the Guidance Office of the student’s grade and any and all obligations owed to you at the time of his/her withdrawal.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEPARTMENT** |  |  | **OBLIGATIONS** | **SIGNATURE** |
| CAFETERIA  |  |  |  |  |
| GUIDANCE |  |  |  |  |
| HOMEROOM TEACHER |  |  |  |  |
| LIBRARY |  |  |  |  |
| MAIN OFFICE |  |  |  |  |
| NURSE |  |  |  |  |
| SPORTS (ATHLETIC EQUIPMENT) |  |  |  |  |
| TECHNOLOGY(EX.CHROMEBOOK, IPAD, ETC) |  |  |  |  |
| **CLASSES** | **COURSE** | **CURRENT GRADE** | **OBLIGATIONS** | **TEACHER SIGNATURE** |
| ART |  |  |  |  |
| BAND |  |  |  |  |
| BUSINESS EDUCATION |  |  |  |  |
| CAREER CLASS/EXPLORATIONS |  |  |  |  |
| CHORUS |  |  |  |  |
| COMPUTER |  |  |  |  |
| DRIVER EDUCATION |  |  |  |  |
| ENGLISH |  |  |  |  |
| FAMILY & CONSUMER SCIENCE  |  |  |  |  |
| HEALTH |  |  |  |  |
| MATH |  |  |  |  |
| MUSIC |  |  |  |  |
| PHYSICAL EDUCATION |  |  |  |  |
| READING |  |  |  |  |
| RMCTC |  |  |  |  |
| SCIENCE |  |  |  |  |
| SOCIAL STUDIES |  |  |  |  |
| TECHNOLOGY EDUCATION |  |  |  |  |
| WORLD LANGUAGES |  |  |  |  |
| ELECTIVE |  |  |  |  |
| ELECTIVE |  |  |  |  |

I grant Muhlenberg School District permission to remove the above-named student from their roster and to send all school records to the receiving school, college or employer requesting them. I understand that records will be sent to the requesting school, college or employer pending no obligations.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Guardian