

STUDENT WITHDRAWAL FORM

STUDENT NAME: _____ **STUDENT ID:** _____

DATE OF BIRTH: _____ **GRADE:** _____

WITHDRAWAL DATE: _____

REASON FOR WITHDRAWAL: _____

C.E. Cole Intermediate School
3630 Kutztown Road
Reading, PA 19605
Fax: 610-741-1198

Muhlenberg Elementary Center
610 Sharp Avenue
Reading, PA 19605
Fax: 610-921-7905

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 requesting them. I understand that records will be sent to the requesting school pending no obligations.

Signature of Parent/Guardian