

STUDENT WITHDRAWAL FORM

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

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

REASON FOR WITHDRAWAL: _____ **GRADUATION PLANS:** _____

Muhlenberg High School
Guidance Office
400 Sharp Avenue
Reading, PA 19605
Fax: 610-921-9726

Muhlenberg Middle School
Guidance Office
801 Bellevue Avenue
Reading, PA 19605
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)				
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