

WITHDRAWAL FORM

NORTHERN YORK HIGH SCHOOL, DILLSBURG, PA 17019

TEACHERS: Affix grades to date of withdrawal for the current marking period, indicate that all books and obligations have been met by the student **BY SIGNING THE FORM IN THE SPACE PROVIDED**. If a student is obligated to you in any way, do not sign but rather indicate **WHAT IS OWED** and a replacement cost if the item is not returned.

* Student's Name: _____ * Date of Birth: _____

Student ID#: _____ Grade: _____ Age: _____

* Official Date of Withdrawal (student's last day): _____ Code for withdrawal: _____

* I, _____, am the parent/guardian of the above-named student.
I hereby agree to (his/her) withdrawal from school on the date indicated above.

Special Services: _____ Yes _____ No (if yes, send to Admin for completion)

Reason for Withdrawal: (check appropriate space)

_____ moving from the district to attend another public school in PA

_____ moving from the district to attend another public/non-public school *outside of PA*

_____ transferring to a non-public school or home education

_____ transferring to a cyber school/CASA

_____ passed the required attendance age (18 years) _____ other (please specify): _____

* NAME OF NEW SCHOOL STUDENT WILL BE ATTENDING: _____

* ADDRESS: _____

* PHONE: _____

* FAX #: _____

* PARENT/GUARDIAN SIGNATURE: _____

****School assigned laptops, charging cords and calculators; as well as ALL issued materials MUST be returned to the Guidance Dept or issuing teacher prior to, or on, the student's last day. If the assigned materials are not returned, the student/parent is responsible for paying full replacement costs. All cafeteria balances must be paid to NYCSD, Attn: Scott Shedlock****

Was the laptop returned: _____yes _____no ** If no, cost to replace: _____

Library (fines owed and books due): _____ Cafeteria (balance owed): _____

To the parent: As you know, when children move to another school district, it is the policy of the Northern York County School District to send the public information concerning the child to the new school district upon request by that school. In some cases, there may be confidential information in the cumulative folder, which could be helpful to the child and the new school, but it will not be sent without the parent's permission. Would you please complete the information requested below, if you grant your permission for the Northern York County School District to release any confidential information to the receiving school.

.....

I hereby grant the Northern York County School District permission to send to the requesting school my child's confidential information, including any psychological reports that the Northern York County School District feels will enable the requesting school to better understand my child.

ⓧ DATE _____ SIGNED _____
(Parent/Legal Guardian)

I hereby grant the Northern York County School District permission to send only public information to the requesting school.

ⓧ DATE _____ SIGNED _____
(Parent/Legal Guardian)