



North Allegheny School District

WITHDRAWAL FORM

Today's Date: _____ Effective Date of Withdrawal: _____

Student Name: _____ Date of Birth: _____

Current Address: _____
Street City State Zip Code

Parent/Guardian's Name: _____ Telephone Number: _____

Reason for Withdrawal:

- Student attending Non-Public, Private and/or Home Education Program within District Boundaries
- Student transferring to Charter School
- Moving out of District
- Other _____

Name of New School (if applicable): _____

Forwarding Address for Family (if applicable):

Street City State Zip Code

Parent/Guardian's Signature (If Student under 18 years) Student's Signature (If 18 years or older)

School Principal Signature or Designee

INTERNAL USE ONLY - CHECK APPROPRIATE BOX

- Parent completed form Information taken over telephone Received Request for Records
- Cyber School Enrollment Form received by Business Office

Withdrawal Code: _____ Withdrawal Date: _____
(Use appropriate code located on the back of this sheet) (Enter the day after the last day attended school)

Processed By: _____ Date: _____

- Copy of Form to Reporting Assistant (Email or Copy)
- Copy of Form to Transportation Department (Email or Copy)
- Copy of Form to Special Education Department if student receives support services or ESL (Email or Copy)
- Original Form to Remain in Student File