



# ANNVILLE-CLEONA SCHOOL DISTRICT



## WITHDRAWAL FORM

STUDENT NAME: \_\_\_\_\_ STUDENT ID#: \_\_\_\_\_ GRADE: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE OF STUDENT: \_\_\_\_\_ GENDER:  MALE  FEMALE

ADDRESS OF NEW RESIDENCE: \_\_\_\_\_

NAME/ADDRESS OF NEW SCHOOL: \_\_\_\_\_

I, \_\_\_\_\_, am withdrawing my student \_\_\_\_\_ from the  
*parent/guardian name* *student name*

Annville -Cleona School District as of \_\_\_\_\_. I understand it is my responsibility to maintain enrollment for my  
*date*  
child through graduation or the age of 17 as per Pennsylvania School Code 022 Pa. Code § 11.13. regarding

compulsory school age. The reason for withdrawing my child is as follows (check one):

- Transferred to another school in state
- Transferred to another school out of state
- Transferred to attend school in another country
- Transferred to attend cyber-school
- Attendance record showing 10 consecutive days of unexcused absence or status unknown
- Dropout - no intention of completing diploma
- Withdrawal due to chronic illness
- Transferred to be home-schooled
- Transferred to a state detention or correctional facility
- Withdrawal to obtain GED
- Completion of graduation requirements; withdrawal to attend post-secondary institution
- Age out (older than 22 years of age)

\_\_\_\_\_  
*parent/guardian signature*      *date*

\_\_\_\_\_  
*counselor signature*      *date*

\_\_\_\_\_  
*principal signature*      *date*

**FOR SCHOOL USE ONLY:**     PARENT/GUARDIAN WITHDRAWAL     DISTRICT RECEIVED RECORDS  
REQUEST

LAST DAY OF SCHOOL ATTENDANCE: \_\_\_\_\_ PS WITHDRAWAL DATE: \_\_\_\_\_

**School property not returned is listed below. Student will be billed for all outstanding items as listed.**

<u>SUBJECT</u>	<u>N/A</u>	<u>ALL MATERIALS RETURNED</u> (please check if yes)	<u>LIST ITEMS OUTSTANDING</u>	<u>SIGNATURE &amp; DATE</u>
English/Rdg	<input type="checkbox"/>	_____	_____	_____
Mathematics	<input type="checkbox"/>	_____	_____	_____
Social Studies	<input type="checkbox"/>	_____	_____	_____
Science	<input type="checkbox"/>	_____	_____	_____
Health/PE	<input type="checkbox"/>	_____	_____	_____
Art	<input type="checkbox"/>	_____	_____	_____
FCS	<input type="checkbox"/>	_____	_____	_____
Tech Ed	<input type="checkbox"/>	_____	_____	_____
Music	<input type="checkbox"/>	_____	_____	_____
Library	<input type="checkbox"/>	_____	_____	_____
Chromebook	<input type="checkbox"/>	_____	_____	_____
Lebanon Co. CTC	<input type="checkbox"/>	_____	_____	_____