

STUDENT WITHDRAWAL FORM
ELIZABETHTOWN AREA SCHOOL DISTRICT
600 E High St Elizabethtown PA 17022
PH: 717-361-4893 FAX: 717-361-1842

STUDENT INFORMATION

Student's Name: _____ ID#: _____ Grade: _____

Birthdate: ____/____/____ Withdrawal Date: ____/____/____

Address of New Residence: _____

Name/Address of New School: _____

CONSENT OF PARENT/GUARDIAN

I, herewith, give my permission for my child, (named above) to withdraw from the Elizabethtown Area School District with the effective date of ____/____/____. My signature is authorization and consent to send any necessary records to the school in which my child will be enrolling.

_____ / ____ / ____ _____ / ____ / ____
 Parent/Guardian Printed Name Date Administrator Signature Date

 Parent/Guardian Signature

LIST REASON FOR WITHDRAWAL IN BOX BELOW

DROP OUT DATA

REASON: (Circle Only One)

01 Academic problems	03 Disliked school	05 Wanted to work	99 Other
02 Behavior problems	04 Child, Married or Pregnancy	06 Runaway or expelled	

PLANNED POST-DROPOUT ACTIVITY: (Circle Only One)

01 Homemaker	03 White Collar Worker	05 GED/Other Education	07 Unemployed
02 Military	04 Blue Collar Worker	06 Service Worker	99 Other

PROGRAM: (Circle Only One)

01 General	03 Vocational/Technical	04 Exceptional (Use for an exceptional student if not already accounted for with General, Academic or College Prep.)
02 Academic or College Prep		