



Withdrawal Form

Please print and complete this form, scan it, and send it as an attachment via email to the school secretary for processing. Preferred file type: pdf

Today's Date: _____

I, _____ wish to officially withdraw my child/children from:
(Name of Parent/Guardian)

_____ as of _____
(Name of School) (Last Day of Attendance)

The reason for withdrawing is: (check one)

Moving to Another Public School District: _____
(Name of District, School and Address)

Homeschooling

Entering a Private School: _____
(Name of School and Address)

Other: _____
(Explain)

Student(s) Name	Grade	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZATION TO RELEASE STUDENT RECORDS: (if applicable)

** All library books, textbooks and property of Stratford Public Schools must be returned before records will be released**

I have withdrawn the above child(ren) from _____
(Name of School)

and authorize the release of academic/scholastic records; medical/health records and Confidential Records – Special Education information, psychoeducational evaluations, PPT minutes and/or any other specialized information.

_____ Date _____ Parent/Guardian Signature

Print Name _____

Address _____ Phone _____

Email Address _____