



Withdrawal Form

Date: _____

I, _____ wish to officially withdraw my child/children from
(Name of Parent)
_____ as of _____.
(Name of School) (Last Day of Attendance)

The reason for withdrawing is:

Moving to another district _____

Homeschooling _____

Private School _____
(Name of School) (Location)

Public School _____
(Name of School) (Location)

Other _____

Student(s) Name: _____ Grade: _____ DOB _____
_____ Grade: _____ DOB _____
_____ Grade: _____ DOB _____

AUTHORIZATION TO RELEASE STUDENT RECORDS:
(If applicable)

I have withdrawn the above child(ren) from _____
(Name of School)
and authorize the release of academic and health records.

_____ Date _____ Parent/Guardian Signature

Print Name _____
Address _____

Phone _____

Cc: Milford Health Dept.