



DALLASTOWN AREA SCHOOL DISTRICT
WITHDRAWAL FORM

Student Name _____

School Dallastown Intermediate School

This is to inform you that the last day of school for the above named student will be

_____. We are moving to _____.

My son/daughter will be attending _____ School.

Signature of Parent/Guardian

Date

****NOTE TO PARENT/GUARDIAN****

Please have the receiving school place a request for records. If such a request does not occur within two weeks, DASD officials will contact the receiving district to process records in a timely fashion.

FOR OFFICE USE ONLY

Building _____

Student# _____

Student Name _____

Grade _____

IEP/504 _____ Yes _____ No

Homeroom _____

Old Address _____

Withdrawal Code _____

Did family leave district? _____

If so, location _____

Absence Information: See attached attendance sheet

Information compiled by _____ (Initials)

Please forward copies to:

Office _____ Att _____ Trans _____ Psy _____ Cafeterla _____ Library _____ Counselor _____