



## Student Withdrawal

Student Name: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Reason for Withdrawal:

- Moving out of Greene County
- Moving out of State
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & address of school child is transferring to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Name: \_\_\_\_\_

(Please Print)

Parent Signature: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

\_\_\_\_\_