

CHIPPEWA LOCAL SCHOOL DISTRICT ~ IRN# 050534

STUDENT WITHDRAWAL FORM

Student: _____

Present Address: _____

New Address: _____

Reason for Withdrawal: _____

Date of Student Withdrawal: _____

School District Enrolling in: _____

Address: _____

PARENTAL PERMISSION FOR WITHDRAWAL

I am withdrawing my child, _____

from Chippewa Intermediate for the following reasons: _____

I give my permission for all records to be sent to the school my child will be attending.

I give my permission for my child to be withdrawn from the Chippewa Local School District.

Parent Signature: _____

Date: _____