

**SPRINGFIELD SCHOOL DISTRICT  
WITHDRAWAL FORM**

Student ID# \_\_\_\_\_ Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender:  Male  Female

School Attended \_\_\_\_\_ Grade \_\_\_\_\_

**Indicate Reason for Withdrawal:**

Moved Out of District – Please Circle One:      Family                  Student

\_\_\_\_\_  
(Name and Address of New School)

Transferred to – Please Circle One:      Public      Non-Public      Home School      Cyber/Charter School

\_\_\_\_\_  
(Name and Address of New School)

Outside Special Education Placement

\_\_\_\_\_  
(Name and Address of New School)

Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
(Name and Address of New School)

**New Home Address and Phone**

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

School Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Academic Year: \_\_\_\_\_ Effective Date: \_\_\_\_\_ PAMSecureID #: \_\_\_\_\_

W/D-Code: \_\_\_\_\_ Grad Status: \_\_\_\_\_ Post Activity: \_\_\_\_\_

- |                                   |  |                                     |   |   |                                 |
|-----------------------------------|--|-------------------------------------|---|---|---------------------------------|
| <input type="checkbox"/> Resident | <input type="checkbox"/> Non-Resident      | <input type="checkbox"/> Special Ed | <input type="checkbox"/> Multiple Occupancy | <input type="checkbox"/> 1302 Affidavit | <input type="checkbox"/> Foster |
| <input type="checkbox"/> Fees     | <input type="checkbox"/> Electronic Device | <input type="checkbox"/> Books      |   |   |                                 |

# ❖ SPRINGFIELD SCHOOL DISTRICT ❖

## ❖ STUDENT-PARENT WITHDRAWAL CHECKLIST ❖

Before a child can be formally withdrawn as a student from the Springfield School District, all instructional materials, must be returned to the school of origin. Please have your child return all school materials and distribute this checklist obtaining all the necessary signatures prior to contacting the Central Registration Office to formally withdraw your child. Not every content area below may apply to your child. This process also includes a record of current grades, an unofficial transcript from the guidance office, and the transfer of immunization records from the nurse to the parent or student. Please print – One checklist per child. Please present this completed checklist at the time of withdrawal at the Central Registration Office in District Office.

Today's Date: \_\_\_\_\_ Expected Date of Withdrawal: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Content Area	Authority Name (Please Print)	Materials Returned: (Yes/No/None)	Cost of Outstanding Materials or Payments	Current Grade	Authority Signature
Language Arts					
Math					
Science					
Social Studies					
World Language					
Art					
Music					
Health & Phys Ed					
Specials/Electives:					
LMC Books					
Technology					
Athletics					
Nurse's Office		Copy of Immunization Records to Parent/Student			
Guidance Office		Unofficial Transcript Provided if Applicable			
Main Office					

When this checklist is completed, please contact the Central Registration Office, located in the District Office at 200 S. Rolling Road at **610.938.6018** to formally withdraw your child. This is *not* the withdrawal form. The official withdrawal form must be completed and signed in person at District Office. Student records will only be transferred when the withdrawal process is complete.