

MORRISVILLE BOROUGH SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: APRIL 27, 2016

REVISED:

208-AR-3. PERMISSION TO WITHDRAW

THIS FORM MUST BE COMPLETED FOR STUDENTS UNDER THE AGE OF SEVENTEEN (17) WHO NOTIFY THE SCHOOL OF INTENT TO PERMANENTLY WITHDRAW PRIOR TO GRADUATION.

Name of Student

Date of Birth

Student ID or Social Security Number

Address

Telephone Number

Name of Parent/Legal Guardian

Date Notice Given

Number of Credits Completed

Date of Conference with Principal/Designee

Date of Counseling Session

REASONS FOR WITHDRAWING FROM SCHOOL

Student's Reason(s) for Withdrawing from School

Parent's/Guardian's Reason(s) for Allowing Student to Withdraw

Signature of Student

Date

Signature of Parent/Guardian

Date

I have held a conference with this student and his/her parent/guardian.

Signature of Principal/Designee

Date

I certify that the student and his/her parents/guardians have attended a counseling session with me.

Signature of Counselor

Date