WESTON PUBLIC SCHOOLS WITHDRAWAL FORM

Please return this completed form to your school's Administrative Assistant

Last Date of Attendance: _____

Student Name: _____ Grade: _____

Present Address: _____

New Address (if applicable) _____

Phone Number: _____

New School: _____

School Address: _____

School Phone Number: _____

Student will be attending Public School____ or Private School ____

The above student is withdrawing for the following reason:

_____

_____

In order to complete the withdrawal process and have your transcript/school records forwarded to your new school, it is necessary that you **return all books, District property, and pay any fees owed.**

RECORDS RELEASE

I hereby authorize full and complete disclosure of the above named student's WPS record (name, address, birth date, grade level completed, and grades) to any school requesting it.

_____

Signature of Parent/Guardian Date

RECORDS PROCESS

Student records will remain in the district for 4 years following the student's withdrawal. Your child's records will no longer be retained (other than the transcript required by law) ***4 years from student's last day of attendance***.