

SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP

PARENTAL PERMISSION/NOTIFICATION FOR TRANSFER OR WITHDRAWAL

Name of Student

Date of Birth

Will be withdrawn from Springfield Township School District, _____

School on _____
Date

Reason for withdrawal _____

Expected date of Entry into another school _____

Name and address of receiving school _____

New home address (if known) _____

Name and address of firm employing student (if applicable) _____

Comments _____

Date _____

Parent Signature

Present Home Phone Number

