STUDENT MEMBERSHIP RECORD WITHDRAWAL FORM

G-A Student ID # _____ **PA Secure ID #** _____

School: _____ **Grade**: _____ **Current Age:** ____

Student Name: _____ **Birth Date**: _____
Last First MI Month/Day/Year

Previous/Old Address:_____

Please Circle As Appropriate:

Entire Family Move: Yes or No **Partial Family Move?** Yes or No **Student Only?** Yes or No

Is either parent maintaining residence in Greencastle-Antrim District? Yes or No
If yes, give name and address _____

Student's New Address: _____

New School Name and Location/Address:_____

_____ Phone: _____

Parent/Guardian Signature: _____Date: _____

FOR OFFICE USE ONLY

Last Day/Date of Attendance or Credit: _____

		M/D/Y	#Days Remaining
Withdrawal Code:	W1	_____	_____
	W2	_____	_____
	W3	_____	_____
	W4	_____	_____
	W5	_____	_____
	W6	_____	_____
	W7	_____	_____
	W8	_____	_____
	W9	_____	_____
	W10	_____	_____
	W11	_____	_____
	W12	_____	_____
	W13	_____	_____
	W14	_____	_____
	W15	_____	_____
	W16	_____	_____
	W17	_____	_____
	W18	_____	_____

Copies to: Student's Permanent Record File Copy
Building Attendance Secretary
District Attendance Coordinator
Transportation Department
Food Service

For students participating in the programs listed below please send a copy of the withdrawal form to the following, as appropriate:
Form Sent:
_____ Students with an IEP – LS, ES or Speech, etc. – Copy to Special Education Dept. Secretary – Alicia Shemon at GAES
_____ Student in ELL/ESL – Copy to Federal Programs Dept. Secretary – Becky Runk at GAPS
_____ Student in Title 1 Reading – Copy to Federal Programs Dept. Secretary – Beck Runk at GAPS

PIMS Information Student Status:

_____ L = Student Left PA Schools – moved out of state or enrolled in a private school

_____ T = Student Transferred to a PA Public School District