



West Essex Regional School District
Guidance Department
Withdrawal / Transfer Form

Student Name: _____ **Grade:** _____

Student ID #: _____ **State ID #:** _____

Birth Date: _____ **Age:** _____

Last Date on Rolls: _____

Reason for Withdrawal: _____

If applicable: New Home Address: _____

New City, State, Zip Code: _____

(Student Name) _____ is being withdrawn/transferred (circle one) from West Essex Regional School District with my consent. I understand that this withdrawal/transfer will not be considered finalized until all information and required signatures are completed. In addition, this request will not be finalized until all property of West Essex Regional School District is properly returned and all financial obligations are honored.

***I authorize the release of my child's records to the school district to which my child will be transferring:**

School Name: _____

Street Address: _____

City, State, Zip Code: _____

School Phone No. _____ **Fax No.** _____

Signature of Parent/Guardian **Date**

Signature of Parent/Guardian **Date**

I am fully aware of the above information and agree to the request for withdrawal or transfer from West Essex Regional School District.

Signature of Director of Guidance **Date**

Signature of Building Principal **Date**



West Essex Regional School District
Guidance Department
Student Withdrawal Form

Name _____ Date _____

Grade _____ ID # _____

Reason for withdrawal:

_____ Family Moving

_____ Transferring to Private School

_____ Employment

_____ Other _____

Name of School

Address

City and State

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Period	Subject	Grade to Date	Book Returned	Teacher	Fine
1					
2					
3					
4					
5					
6					
7					
8					
9					

Library _____ Nurse _____

Attendance _____ Lock Return _____

To the Student: After this form is completed, please return it to the Guidance Office.

Guidance Counselor