

Montgomery Township School District

1014 Route 601, Skillman, NJ 08558

Telephone (609) 466-7600

WITHDRAWAL FORM

NAME OF STUDENT: _____

GRADE: _____

Statement of Withdrawal

I, _____, hereby request the withdrawal of my child _____
from _____ School in the Montgomery Township School District, effective
_____. I understand that I will be held liable for any outstanding debts or obligations.
date

Signature of Parent/Guardian

Date

Indicate where child will be educated:

**Name of
School** _____

Address: _____

City/State/Zip Code: _____

I grant authorization to Montgomery Township School District to release information to the above school that may be helpful in planning the student's school program.

Signature of Parent/Guardian

Parent Forwarding Address (if applicable) as required for the NJ Transfer Card

Administrative Approval

This student has cleared all obligations and is hereby withdrawn from _____
Name of School

Signature of Principal or Designee

Date