

Montgomery Township School District
1014 Route 601, Skillman, NJ 08558
Telephone (609) 466-7600

WITHDRAWAL FORM

Name of Student: _____ Grade: _____

Indicate where child will be educated:

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.

Statement of Withdrawal

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

Parent/Guardian Approval

I, _____, give my permission for _____

Print name of student

to withdraw from Montgomery Township School District.

Signature of Parent/Guardian

Administrative Approval This student has cleared all obligations and is hereby withdrawn from Montgomery Lower Middle School.

Signature of

Principal or Designee Date