

Littlestown Area School District
Alloway Creek Elementary
162 Newark St
Littlestown, PA 17340
Ph: 717-359-4146 Fax: 717-359-5491

STUDENT WITHDRAWAL FORM

Student Last Name: _____ **Student First Name:** _____ **Student Middle Name:** _____

Gender: _____ **Age:** _____ **Birthdate:** _____ **Grade** _____

Students Current Address:

Current Phone Number:

Last Date of attendance: _____

Date of Withdrawal: _____

Reason for Withdrawal: _____

Students New Address:

New School District:

Parent/Guardian Name (print) _____

Parent/Guardian Signature/Date _____

School Property returned: YES NO (circle)

Office use only
Reading Level _____ **Math Level** _____

Special Education: Learning Support _____ Speech _____ Gifted _____ Other _____

Comments

Teacher Signature _____