FORM M 13

Mendham Township School District

POB 510 * 18 West Main Street, Brookside, NJ 07926-0510 Tele 973-543-7107 Fax 973-543-5537

Student Withdrawal Form

Student Information

Last Name	*First Name*	*Middle Name*	*Student Number*

Current Address	
New Address	*Student ID (SID)*

Withdrawal Date	*Parent/Guardian*	*Date of Birth*	*Gender*

Sending School	Receiving School
School Name	*School Name*
Street Address	*Street Address*
Cit y /State / Zip Code	*City /State / Zip Code*
Telephone ( )	*Telephone* ( )
Last Grade Attended	*School Type*

Records to be Released

☐ District Assessments

☐ State Assessments

☐ Child Study Team

Is student in ESL or a Bilingual Program? ☐ Yes ☐ No

Has student ever been referred for Special Education Services? ☐ Yes ☐ No

If yes, please indicate the specific classification, if any:

_____

_____

_____

I hereby give my permission for release of the above records to my child's new school.*

_____ _____ _____

Signature of Parent/Legal Guardian (Circle One) *Signature of Student (18 or above)* *Date*

*In addition to the release of the above records to which you consent, we will be releasing the following mandated records for which your consent is not required: transcript of grades, health records, attendance records, and disciplinary records pursuant to N.J.A.C. 6:3-6.5.

_____ _____

Signature of Principal *Date*