

# Mendham Township School District

Mendham Township Elementary School  
 POB 510\*18 W Main St  
 Brookside, NJ 07926-0510  
 Tele 973-543-7107 / Fax 973-543-4631

Mendham Township Middle School  
 POB 510\*16 Washington Valley Rd  
 Brookside, NJ 07926-0510  
 Tele. 973-543-2505 / Fax 973-543-0701

## Student Withdrawal Form

### Student Information

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Student Number</i>
<i>Current Address</i>			
<i>New Address</i>			<i>Student ID (SID)</i>
<i>Parent/Guardian</i>	<i>Withdrawal Date</i>	<i>Gender</i> M F	<i>Date of Birth</i>

Sending Mendham Township School	Receiving School
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<i>School Name</i> <input type="checkbox"/> Elementary School <input type="checkbox"/> Middle School	<i>School Name</i>
<i>Street Address</i> 18 West Main St.    16 Washington Valley Rd P. O. Box 510    P. O. Box 510	<i>Street Address</i>
<i>City/State / Zip Code</i> Brookside, NJ, 07926    Brookside, NJ 07926	<i>City/State / Zip Code</i>
<i>Telephone</i> 973-543-7107    973-543-2505	<i>Telephone</i> (    )
<i>Circle Last Grade Attended</i> P K 1 2 3 4    5 6 7 8	<i>School Type</i>

### Records to be Released

<input type="checkbox"/> District Assessments	Is student in ESL or a Bilingual Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Assessments	Has student ever been referred for Special Education Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Child Study Team	If yes, please indicate the specific classification, if any:

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

_____ <i>Signature of Parent/Legal Guardian (Circle One)</i>	_____ <i>Signature of Student (18 or above)</i>	_____ <i>Date</i>
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\*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.

_____ <i>Signature of Principal</i>	_____ <i>Date</i>
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