

**SCHOOL DISTRICT OF NEW LONDON
WITHDRAWAL FORM**

I. GENERAL INFORMATION			
The following student is discontinuing attendance at the School District of New London.			
Student Name:	Date of Birth:	Grade:	
Parent/Guardian Name:	Home Phone:	Work Phone:	
New Address:			
City:	State:	Zip Code:	New Phone Number:
Reason for Withdrawal:			
School District of Intended or New Enrollment:			
Address of New School:	City:	State:	Zip Code:

II. CLASSROOM CLEARANCE			
Each teacher is to initial for the appropriate class period showing that no books or bills are due. Please list debts. If student is transferring, list grade as of date of withdrawal.			
CLASS	TEACHER INITIAL	DEBT/FINE	GRADE TO DATE

III. LIBRARY CLEARANCE
Comments:
Signature:

IV. HEALTH OFFICE CLEARANCE
Comments:
Signature:

V. MAIN OFFICE CLEARANCE			
Locker:	Attendance:	Bus:	School Fees:
Principal:	School:		

VI. RELEASE OF RECORDS	
I hereby authorize the New London Public School District to forward all transcript of grades, progress, behavioral, and psychological, health records, and test results regarding my child to the school district designated in Section I.	
Date: _____	Signature: _____
	Relationship: _____

RETURN COMPLETED FORM TO GUIDANCE OFFICE