



STUDENT WITHDRAWAL AND RELEASE FORM
NEWBURY LOCAL SCHOOL DISTRICT

NAME: _____ BIRTHDATE: _____

GRADE: _____ TEACHER: _____

ATTENDED NEWBURY FROM: _____ TO: _____

LAST DAY AT NEWBURY SCHOOLS: _____

REASON FOR WITHDRAWAL: MOVING
 HOME SCHOOLING
 OTHER _____

NEW RESIDENCE: _____

I hereby authorize Newbury Local School District to release all records for above student including academic, psychological and health to the new enrolling school or agency (Name/Address: _____) upon request of said school or agency.

PARENT'S (GUARDIAN'S) SIGNATURE:

DATE: _____

Please pay all fees & fines. No transcripts or grades will be released until all books are returned and all financial obligations are met.