

**NEW RICHMOND SCHOOLS  
WITHDRAWAL ~ TRANSFER FORM**

**RECORD RELEASE**

*FILL OUT THIS FORM COMPLETELY.*

|             |     |         |                               |       |      |
|-------------|-----|---------|-------------------------------|-------|------|
| NAME (LAST) |     | (FIRST) |                               | GRADE | DATE |
| BIRTHDATE   |     |         | PARENT OR GUARDIANS SIGNATURE |       |      |
| MONTH       | DAY | YEAR    |                               |       |      |

I GIVE MY PERMISSION FOR THE NEW RICHMOND SCHOOLS TO TRANSFER THE RECORDS OF:

PRESENT ADDRESS \_\_\_\_\_

*(STUDENT'S NAME)*

NEW ADDRESS \_\_\_\_\_

TO

NEW SCHOOL DISTRICT \_\_\_\_\_

*(PARENT'S SIGNATURE)*

REASON FOR WITHDRAWAL FROM THIS SCHOOL DISTRICT

*(DATE)*

\_\_\_\_\_ MOVING TO NEW DISTRICT  
 \_\_\_\_\_ WORK PERMIT (PLEASE SPECIFY REASON):

*NOTES:*

\_\_\_\_\_ OTHER (PLEASE SPECIFY REASON):

| PERIOD | SUBJECT | ESTIMATED GRADE TO DATE | UNPAID FEES | TEACHER'S SIGNATURE |
|--------|---------|-------------------------|-------------|---------------------|
| 1      |         |                         |             |                     |
| 2      |         |                         |             |                     |
| 3      |         |                         |             |                     |
| 4      |         |                         |             |                     |
| 5      |         |                         |             |                     |
| 6      |         |                         |             |                     |
| 7      |         |                         |             |                     |
| 8      |         |                         |             |                     |

ATTENDANCE: DAYS ENROLLED \_\_\_\_\_ DAYS ABSENT \_\_\_\_\_

LIBRARIAN \_\_\_\_\_

PRINCIPAL \_\_\_\_\_

COUNSELOR \_\_\_\_\_