BERLIN BROTHERSVALLEY SCHOOL DISTRICT

1025 Main Street, Berlin, PA 15530 814-267-4621 Fax:814-267-6060

Withdrawal Form

APPLICATION DATE:		Withanawan		AWAL DATE:	
In accordance		h the Power School Computer Sy nt has withdrawn from attendar			hat the
		Student Inforn	nation		
Student Name:					
otauciit itaiiic.	Last		First	Middle Su	ffix
Home Address:	Street Address	C'I		710.6.1	
	Street Address	City	State	ZIP Code	
Birth Date:		Current Grade:	Home Room:	Bus Route:	
		Withdrawal N	otice		
Please indica	te why the student is with	drawing from Berlin Brothers	valley School District:		
		Parent/Guardian	Signature		
By signing thi	is form, I am withdrawing	my student from Berlin Broth	ersvalley School District,	Berlin, PA.	
Signature of Pa	rent/Guardian:			Date:	
		Sahaal Official Co	, ma mlata a		
√ appropriate	withdrawal code	School Official Co	ompietes		
WD01		out transferring, dropped out of	or exited due to maximum	age not completed.	
WD02	Student transferred to another public local educating agency (LEA).				
WD03	Student transferred to a private or nonpublic school or out of the state of PA, or out of the US.				
WD04	Student fulfilled graduation requirements. Received some other recognized credential, such as a certificate of attendance, GED, or exited due to maximum age and completed.				
WD06	Student deceased.				
WD09	Student enrolled but did not show.				
WD11	Student stayed within same school/location.				
WD12	Student changed to a different school/location.				
PA Secure ID:			St	udent #:	
Due seesed boo				Deter	
Processed by:	 √ Forms Sent To Appro	ppriate Office:		Date:	
	Building Office, So	ecretary			
	Rocky Ritchey, Nu				
	Deborah Sprowls,				
	Cathy Berkebile, F				