



DEER LAKES SCHOOL DISTRICT
19 EAST UNION ROAD, CHESWICK, PA 15024

STUDENT WITHDRAWAL FORM

Please check current building:

CURTISVILLE EAST UNION DEER LAKES MIDDLE DEER LAKES HIGH SCHOOL

Student Last Name: _____ Student First Name: _____ Student Middle Name: _____

Gender: _____ Age: _____ Grade: _____ Birthdate: _____

Last Day at DL: _____ Reason for Withdrawal: _____

Student's New Address: _____

Parent/Guardian Name

Parent/Guardian Signature

PERMISSION TO RELEASE INFORMATION

Please Forward Student Records to:

Name of New School: _____

Address of New School: _____

Phone: _____ Fax: _____

Received Special Services:

- Speech Hearing Vision Emotional Support Autistic Support
- Learning Support Life Skills Support

If so, does he/she have an existing:

- IEP & ER GIEP & ER 504

I hereby give consent for the release of psychological data, academic records, test results, attendance, health and dental records and other evaluative materials

PARENTAL/GUARDIAN SIGNATURE

DATE