

Student Withdrawal Form

Section 1 To be filled out by parent/guardian

Sectio					
Studer	nt's Name:			Grade:	Birth Date:
Addres	ss:				
Transf	erring to:(School n				
	on 2 Take this form, and any materials the			-	
•	er signature not required if withdrawal is t hool is limited)	taking plo	ace during th	e summer b	reak, or when parent access to
Teache	er's Signature:				
	Signature indicates that the student does not to specialty teachers	t have any	materials that	need to be ret	urned, including materials belonging
Sectio					
Parent	Name (please print):				
Parent	Signature:				
Today	's Date:				
Studer	nt's last date of attendance:				
Sectio	n 4				
Please	tell us the reason for withdrawing your ch	nild from	the school (check all tha	at apply):
	Our family is moving out of the area.		Our child is	not being a	cademically challenged.
	The drive from our home is too far.		We are not	satisfied wi	th our child's teacher.
	We did not have a full understanding of Waldorf education and have decided it is not for us.				
	We are unhappy with a school issue that h low.)	nas not b	been resolved	to our sati	faction. (Please briefly explair