RICHMOND
PREPARING TODAY'S CHILD FOR TOMORROW'S SUCCESS

Withdrawal Form

PARENT PERMISSION TO RELEASE INFORMATION

I, the undersigned, hereby request and authorize Richmond School, to release my child's records to:

_____

(School district)

_____

(Address, city, state, zip, fax number)

Parent/Guardian Signature: _____ Date: _____

Student Name:_____ **Current Grade: _____ Withdrawal Date:** _____

New Mailing Address: _____

City:_____ State: _____ Zip: _____

Middle School Teacher Information

Teachers – please fill out books that need to be returned, charged or replaced.

RETURN COMPLETED FORM to Sue Williams by_____
School Locker cleared by: _____

HOUR	COURSE	BOOK TITLE	REPLACEMENT VALUE	TEACHERS INITIALS
1				
2				
3				
4				
5				
6				
7				
	LIBRARY BOOKS			
	See attached		**TOTAL**	

Lunch Money Returned $_____ Lunch Money Owe $_____ Grand Total $ _____ ***Return Owe***

☐ Exit from SISK12
☐ Email DTC & Update Bus Routes
☐ Delete from Class Size/Enrollment Chart
☐ Exit from WISEId
☐ Update Crisis Database