



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.

CHROMBOOK RETURNED: _____ School Locker cleared by: _____

CLASS	BOOK	REPLACEMENT VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RETURN COMPLETED FORM to Sue Williams by _____

Lunch Money Returned \$ _____ Lunch Money Owe \$ _____ Grand Total \$ _____ Return/Owe

- | | |
|--|---|
| <input type="checkbox"/> Exit from Student Software System | <input type="checkbox"/> Exit from WISEId |
| <input type="checkbox"/> Email DTC & Update Bus Routes | <input type="checkbox"/> Update Crisis Database |
| <input type="checkbox"/> Delete from Class Size/Enrollment Chart | |