

WARWICK SCHOOL DISTRICT

JOHN BECK / JOHN R. BONFIELD / KISSEL HILL / LITITZ ELEM
(Circle One)

CHANGE / WITHDRAWAL / BUILDING TRANSFER TO _____
(Circle One)

Student ID: _____ Student Name: _____ Date: _____

Grade: _____ Gender: M ___ F ___ Birth Date: _____

Homeroom Number: _____ Teacher: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Old Address: _____

New Address: _____

New Telephone Number: _____

Student Lives With: **(Circle one)** Both Parents / Mother Only / Father Only / Guardian / Agency
Mother/Stepfather / Father/Stepmother / Foster Parent(s) / Other _____

For census purposes, did entire family move? _____ If no, who will remain at old address?

Required Proof of Residency attached for in district address changes
(current utility bill, tax bill, lease, agreement of sale, etc)

I, _____, Parent/Guardian of the above named student, am withdrawing
him/her from the Warwick School District. His/her last day of attendance will be _____.

I will be enrolling my son/daughter in the following school:

Name of School: _____

Address: _____

Telephone: _____

Signature of Parent/Guardian

Date

Bus Number: _____ Bus Stop: _____

Reason for Withdrawal: _____

School Records Mailed: _____

Health Records Mailed: _____

School Records Received: _____

Health Records Received: _____