

WARWICK SCHOOL DISTRICT
MIDDLE SCHOOL / HIGH SCHOOL
(Circle One)
CHANGE / WITHDRAWAL
(Circle One)

Student ID: _____ Student Name: _____ Date: _____
 Grade: _____ Gender: M ___ F ___ Birth Date: _____
 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 at Warwick will be
 _____. I will be enrolling my son/daughter in the following school:

Name of School: _____

Address: _____ Telephone: _____

 Signature of Parent/Guardian

 Date

Subject and Teacher	Grade to Date	Initial if ALL Materials Returned	Student Owes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Homeroom Teacher _____ Librarian _____ Athletic Dept _____ Nurse _____
 Counselor _____ School Official _____

Reason for Withdrawal _____

School Records Mailed: _____

Health Records Mailed: _____