



New Milford Public Schools

WITHDRAWAL/TRANSFER FORM

(To be used for all students regardless of age)

School Name: _____

STUDENT NAME _____

GRADE _____

I.D.# _____

AGE _____

COUNSELOR _____

REASON FOR LEAVING _____

NAME/ADDRESS OF NEW SCHOOL (if applicable) _____

Name of school

Street

City

State/Zip

PARENT SIGNATURE (APPROVAL) _____