

BROOKFIELD PUBLIC SCHOOL DISTRICT

100 Pocono Road, Brookfield, CT 06804

203-775-7700

brookfieldps.org

STUDENT WITHDRAWAL FORM

____/____/____
Today's Date

Print Student's Legal Name

is withdrawing from Brookfield Public Schools as of ____/____/____ for the following reason:
Date of Withdrawal

WITHDRAWAL REASON (please check one)

____ Student is moving

New School Name _____

Address _____

City, State Zip _____

____ Other

New School Name _____

____ Drop Out

TRANSFERRING TO

(please check one)

My student will be enrolled in:

- ____ 01 Transfer within district
- ____ 02 Public School in Connecticut
- ____ 03 Public School in a different state
- ____ 04 Private School non-religiously affiliated in Brookfield
- ____ 05 Private School non-religiously affiliated in Connecticut (not Brookfield)
- ____ 06 Private School non-religiously affiliated in another state
- ____ 07 Private School religiously affiliated in Brookfield
- ____ 08 Private School religiously affiliated in Connecticut (not Brookfield)
- ____ 09 Private School religiously affiliated in another state
- ____ 10 School outside of the country
- ____ 11 Transfer to an Institution
- ____ 12 Charter School
- ____ 13 Home Schooling
- ____ 21 Discontinued Schooling
- ____ 23 GED Program
- ____ 24 Post-Secondary Education prior to graduation
- ____ 26 State Approved Magnet School
- ____ 27 Adult High School Credit Diploma Program

Age at time of withdrawal _____ Grade at time of withdrawal _____ Date of Birth ____/____/____

Was student ever retained? Yes No If Yes, list grade of retention _____

Parent/Guardian's Signature

____/____/____
Date

Student's Signature (If age of majority)

____/____/____
Date