

EAST STROUDSBURG AREA SCHOOL DISTRICT STUDENT WITHDRAWAL / TRANSFER FORM

STUDENT'S NAME:								GRADE:			ID #:			
BIRTHDATE:					-	WITHDRAW DATE:								
ADDRESS OF NEW														
RESIDENCE:														
NAME / ADDRESS OF NEW SCHOOL:									OTHER #:					
									PHONE #·					
				NEW SCHOOL EMAIL: CONSENT OF PARENT / GUARDIAN										
	I he	ereweith	give my permission for my c	hild	(named							with the effective date of		
	.,	or oword i,	ive my permission for my child (named above) to withdraw from with the effective date of My signature is authorization and consent to send any necessary records to the school in which my child will be enrolling.											
			Parent / Guardian Signature			Date			Administrator Signature			Date		
WITHDRAWAL CODES (Circle Only One)														
			Dropped Out (> = Age 17)			Xfer to PA Public LEA			Xfer to non-PA LEA or non- Public			Change ESASD Curriculum / ESASD Cyber		
		WD01	Lacks Immunization		WD03	Homeschooled		WD03	Xfer to PA Public Charter LEA			Grade, Residency - Remains in Same Building		
			Whereabouts Unknown / Kidnapped		WD03	Incapacitated (Physically / Mentally)		WD06	Deceased		WD12	Change ESASD Program, Grade, Residency - Moves to Another Building		
		WD02	Correctional Facility - Institutionalized		WD03	Transferred Out of State		WD04	Graduated					
			DROP OUT DATA											
'	REASON: (Circle Only One)													
		01	Academic Problems		03	Disliked School		05	Wanted to Work		99	Other		
		02	Behavior Problems		04	Child, Married or Pregnancy		06	Runaway or Expelled					
		PLANNEI	D POST-DROPOUT ACTIVITY: (C	OST-DROPOUT ACTIVITY: (Circle Only One)										
		01	Homemaker		03	White Collar Worker		05	GED / Other Education		07	Unemployed		
		02	Military		04	Blue Collar Worker		06	Service Worker		99	Other		
01		PROGRA	.M: (Circle Only One)											
			General Academic or College Prep		03	Vocational / Technical		04	Exceptional (Use for an exceptional student General, Academic or College Prep.)			if not already accounted for with		
			- 3 1											
						SCHOOL OFFI								
Subject / Activity			Teacher's Name (Signature Indicating Books & Returned	& / Materials		Other			Signature		
										Atte	endance			
							Coach							
							Guidance Counselor							
									Homeroom Teacher					
								Libr			_ibrarian			
											Nurse			
									Secretary - Form 2	206	/ 208			