

# Parkside Elementary School Student Withdrawal Form

**Today's Date:** \_\_\_\_\_

**Last Day Enrolled at Parkside Elementary School:** \_\_\_\_\_

Parent Names: \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: MN Zip: \_\_\_\_\_

**New Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New Home Phone Number:** \_\_\_\_\_

**New School Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Signature: \_\_\_\_\_