

**WINDHAM SCHOOL DISTRICT
SAU 95**

STUDENT WITHDRAWAL FORM

GBS WCS WMS WHS

Student Name: _____

Current Grade Level: _____

Transferring to:

Name of School/District: _____

Address of School _____

City/Town _____

State _____

I hereby notify the Windham School District of the withdrawal of the above-named student.

My child's anticipated last day of school will be: _____
(mm/dd/yyyy)

Any Technology balances/Laptop/Chromebook/charger; library books; textbooks; student ID ;
and lunch balances **have been returned and/or satisfied.** _____ (parent/guardian initials)

If my child has a positive lunch balance \$\$ in their account, please refund the balance and mail
it to:

I authorize the Windham School District to release my child's school records to their new School
District, including, if applicable, IEP or 504 records. The process of enrolling my child in their
new school district has begun. If transferring to homeschool, I have submitted the required
Homeschool Form to SAU 95 to begin a homeschool program.

X

Parent/Guardian Signature

Office Use Only: Release of Records Received: _____ Records Mailed: _____
Signature of School Official: _____