



1240 State Road 930
New Haven, IN 46774
(260) 446-0100

PARENTAL PERMISSION FOR STUDENT WITHDRAWAL FROM SCHOOL

I hereby authorize that my child, _____,
be withdrawn from _____ on
this date: _____.

Date Student Last Attended: _____

School Student Will Be Enrolling In: _____

(Parent Signature)

(Date)

(Student Signature)

(Date)

(Principal Signature)

Copy to Parent