



Netzaberg Elementary School

Unit 28130 APO, AE 09114

Student Withdrawal notice

Today's date

Students Last day

Reason for Withdrawal:

If PCS, please attach orders. All other requests must be accompanied by a memo stating reason for withdrawal

Student Name:

Teacher:

Grade: _____

If possible, please provide a stateside address,

Or email for additional records.

I understand a copy of my child's records will be ready for pick up by COB on my child's last day of school as indicated on this form. By signing this paperwork, I understand it is my responsibility to deliver these school records to the receiving school and another copy will not be sent. If I do not pick up my child's records, the receiving school will have to request my child's school records.

Sponsor/Parent Signature confirming notification of withdrawal: _____

Date _____

For Office Use Only

Orders/Memo Received

Pink sheet sent

Pink Sheet Returned

Classroom Records

Nurse Records

Report Card

Grades: Yes ___ No ___

(Only if present for 20 days in the quarter)

Any other records: _____