Springfield Middle School 334 Sunset Avenue Williamsport, MD 21795 301-766-8395 301-766-8390 fax

| DATE: |  |  |  |
|-------|--|--|--|
|       |  |  |  |

## **STATEMENT OF WITHDRAWAL**

| l.   | pare  | nt/guardian of   |  |
|--|---|--|--|
| Request that my s  | son/daughter be withdrawn fron  . My son/daughter is wit  | n Springfield Middle School eff  | fective  |
| Wil  | l attend another middle/ high so  | hool (public or private)   |  |
| Ne   | w school name   |  |  |
| Loc  | cation (City and State)   |  |  |
| Pho  | one #   | _Fax#  |  |
| Oth  | ner:(Home Schooling-Parent To   | eaching)   |  |
| WCPS. Appointments are not a like of the series of the ser | es Parent/Guardian to enroll/register student ac<br>recommended at every school.<br>The child/student needs to return IP.<br>I monetary debts to Springfield Mid<br>I monetary student of the cords of the cords of the cords | AD, books and/or materials that be<br>dle School. Failure to do this man<br>tion to any other academic institu<br>onal items. Student will remain or | belong to the<br>y result in a delay<br>ution or agency. |
| Signatures:  |   |  |  |
| Parent/Guardian  |   | Phone  |  |
| New Addr   | ess   |  |  |
| Email:   |   |  |  |
|  | completed form to the Counseling Center   |  |  |

Springfield Middle School: 301-766-8395 p 301-766-8390 fax

Secretary/Registrar: Courtney Plume plumecou@wcps.k12.md.us

Counselor: Jennifer Joyce 301-766-7003 or Anna Lofton 301-766-7004

PPW: <u>Ms. Julie Matheny</u> 301-766-2968