



Harvard Public School
Student Withdrawal Form

Date Requested: _____

Student's full name: _____ D.O.B. ___/___/___

Current Address: _____

Current School: _____ Grade: _____

Withdrawal date: _____

Reason for withdrawal (moving, transfer): _____

If moving, new address: _____

If transferring, name and address of new school: _____

I authorize Harvard Public Schools to release student records to:

Name: _____

Address: _____

Parent/Guardians/Adult student Signature:

A copy of this completed Student Withdrawal Form must be sent to the Registrar in the Superintendent's/Central Office at 39 Massachusetts Ave., Harvard.