

NORTHERN LEHIGH SCHOOL DISTRICT CENTRAL REGISTRATION

<u>Authorized Photo ID</u>				
Presented:				
Copied:				

1201 Shadow Oaks Lane, Slatington, PA 18080 (P): 610-767-9800 Ext. 1004 ● (F): 610-767-9826 (E) enrollment@nlsd.org ● www.nlsd.org

RECORD OF STUDENT WITHDRAWAL				
STUDENT NAME:	DENT NAME: DATE OF BIRTH:			
PREVIOUS ADDRESS:				
		(Street)		
(City) PHONE NUMBER:		(State)	(Zip Code)	
NORTHERN LEHIGH SO	CHOOL DISTRICT BUIL	DING ATTENDE	D: □PE □SE □MS □HS □OTHER	
FINAL DATE ATTENDED	D: GRADE ATTENDED:			
NEW ADDRESS:		(Street)		
(City)		(State)	(Zip Code)	
NEW SCHOOL DISTRIC	T:			
Print Parent/Guardian	Name:			
Parent/Guardian Sign	ature:		Date:	
INDICATE REASON F	_	FOR OFFICE U	JSE ONLY*	
	<u>. </u>	(FAPE letter) or	a home education program (W3)	
☐ Student moved from	·	,	, ,	
☐ Student moved Out		•	,	
☐ Student transferred to	o/reported by another so	hool district or edu	ucating entity (i.e. Charter School) (W5)	
☐ Student quit school	after passing required	attendance age	e (W6)	
☐ Student attended kir	ndergarten and withdr	ew (W14)		
☐ Neglected or depend	dent student is in the	care of a childca	re agency (W15)	
☐ Other:				
LOCAL ID#	STATE ID#		STUDENT ID#	
ENTERED BY:	DATE:		rev 04/21	