



Student Services

Counselors:

Phil Cohen A-E
Dana Meledick F-Kj
Lisa Clearfield Kk-P
Yvonne Rogers Q-Z
Kim Richardson 9th Grade

Psychologist: Michael O'Shaughnessy
Registrars: Allison Sultan/Deb Merwitz
Secretary: Nancy Beneski
Data Clerk: Nina Dix
Pupil Personnel: Donna Blackwell

STUDENT WITHDRAWAL INFORMATION

Student Name: _____ Grade: _____

I, _____, the custodial parent/guardian of
(parent/guardian name)

_____, wish to withdraw my child from
(student name)

Atholton High School effective _____.
(last date of attendance)

He/she will be attending _____
(name of new school)

a public/private school in _____.
(circle) (city/state)

Parent Phone Number: _____

New Address (if known): _____

I authorize my child to pick up the completed withdrawal packet: _____

Parent Signature: _____ Date: _____

**This form must be returned to Student Services
in order for your withdrawal to be complete.**

For office use only:
Withdrawal code: _____
Date processed: _____
Withdrawal packet picked up: _____