



**Counselors:**

Phil Cohen	A-C
Dana Meledick	D-Hn
Lisa Clearfield	Ho-Md
Erin O'Connor-Rudman	Me-Sb
Kelly Warner	Sc-Z

**Psychologist:** Michael O'Shaughnessy  
**Registrars:** Allison Sultan/Deb Merwitz  
**Secretary:** Kerri Finkelston  
**Data Clerk:** Katrina Montgomery  
**Pupil Personnel Worker:** Kevin Lee

**Student Services**

**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 am aware that all HCPSS issued materials, including **Chromebooks** must be returned on the student's last day of attendance: \_\_\_\_\_  
(parent initials)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>For office use only:</b>
Withdrawal code: _____
Date processed: _____
Withdrawal packet picked up: _____