



# Student Withdrawal Form

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## Student Information

Please withdraw \_\_\_\_\_ from classroom  
(student name)

number \_\_\_\_\_ effective on \_\_\_\_\_.  
(classroom number) (month, day, year)

## New School Information

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Parent (please print): \_\_\_\_\_

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

*Please return this form via email to [dkimball@sterlingmontessori.org](mailto:dkimball@sterlingmontessori.org).*