



Withdrawal Form

Student _____

Birthdate _____ Grade/Teacher _____

Withdrawal Date _____ Student Moving To _____

Student will be enrolled at _____

Address _____

I give permission for Riverview Charter School to send, upon request, my child's records to the receiving school.

Parent Signature Date

Parent Signature Date

Please be aware that records cannot be released until any outstanding fees are paid.

Office use only:

Records sent to _____ *Date* _____