



AVON PUBLIC SCHOOLS
AVON, CT 06001

STUDENT WITHDRAWAL FORM

Student Information

Student Name: _____ Current Grade: _____

Current Address: _____

Parent Name: _____ Phone #: _____

School Child is Withdrawing From (select one)

- Avon High School - 510 West Avon Road, Avon, CT 06001 - Phone 860-404-4740 - Fax 860-404-4743
Avon Middle School - 375 West Avon Road, Avon, CT 06001 - Phone 860-404-4770 - Fax 860-404-4773
Thompson Brook School - 150 Thompson Road, Avon, CT 06001 - Phone 860-404-4870 - Fax 860-404-4873
Pine Grove School - 151 Scoville Road, Avon, CT 06001 - Phone 860-404-4790 - Fax 860-404-4793
Roaring Brook School - 30 Old Wheeler Road, Avon, CT 06001 - Phone 860-404-4810 - Fax 860-404-4813
Avon Board of Education - 34 Simsbury Road, Avon, CT 06001 - Phone 860-404-4700 - Fax 860-404-4722

REASON FOR WITHDRAWING

Moving Out of State/Out of Town/To New School

New Home

Address: _____
Street City State Zip Code

- Enrolling in Private School
Enrolling in Magnet School

New School Name: _____

Street City State Zip Code

New School Phone Number: _____ New School FAX Number: _____

- Home Schooling
Other (please explain) _____

I am withdrawing my child _____ from Avon Public Schools
Student Name

Effective: _____
Date Parent/Guardian Printed Name Parent/Guardian Signature

School Use Only
Avon Student ID SASID# Revised 9/6/16

**AVON PUBLIC SCHOOLS
CANTON PUBLIC SCHOOLS
REGIONAL SCHOOL DISTRICT #10
NUTRITION SERVICES
MARGARET E. DREHER
DIRECTOR OF NUTRITION SERVICES**

STUDENT DISENROLLMENT FORM

DATE: _____

STUDENT NAME: _____

PARENT SIGNATURE: _____

I request remaining foodservice balance to be:

_____ **Reimbursed by payment sent via US mail to parent**

Name and Address: _____

_____ **Transferred to sibling listed below**

Sibling name: _____

_____ **Used to help pay the negative balance
of a student who qualifies for Free or Reduced Priced Meals.**