

AVON PUBLIC SCHOOLS

AVON, CT 06001

STUDENT WITHDRAWAL FORM

Student Information			
Student Name:		Current Gr	rade:
Current Address:			
Parent Name:		Phone #:	
S	chool Child is Withdr	awing From (select one	
 □ Avon High School - 510 □ Avon Middle School - 37 □ Thompson Brook School □ Pine Grove School - 151 □ Roaring Brook School - 3 	West Avon Road, Avon, CT 5 West Avon Road, Avon, C – 150 Thompson Road, Avo Scoville Road, Avon, CT 06 0 Old Wheeler Road, Avon, – 34 Simsbury Road, Avon,	7 06001 – Phone 860-404-474 CT 06001 – Phone 860-404-47 n, CT 06001 – Phone 860-40 001 – Phone 860-404-4790 – CT 06001 – Phone 860-404- CT 06001 – Phone 860-404-	0 Fax 860-404-4743 770 Fax 860-404-4773 4-4870 Fax 860-404-4873 Fax 860-404-4793 4810 Fax 860-404-4813
REASON FOR WITHDRAW	ING		
☐ Moving Out of State/Out o	f Town/To New Schoo	1	
New Home Address: Street			
☐ Enrolling in Private Schoo☐ Enrolling in Magnet Schoo	1 31	City	State Zip Code
New School Name:			
Street	City	State	Zip Code
New School Phone Number:		New School FAX Number:	<u> </u>
☐ Home Schooling☐ Other (please explain)			
I am withdrawing my child		ame	from Avon Public Schools
Effective:	Parent/Guardian Printed Name		Parent/Guardian Signature
School Use Only Avonshident ID:	SA	SID#	Kensed 29/64/6