



## Shelton Intermediate School

675 Constitution Boulevard North

Shelton, CT 06484

Phone: (203) 926-2000

Fax: (203) 926-2017

shelton-intermediate-school.echalksites.com

**Leadership • Teamwork • Focus**

**John P. Skerritt, Principal**

**Victoria L. Sargeant, Assistant Principal**

### WITHDRAWAL FROM SCHOOL FORM

I, \_\_\_\_\_ reside/ resided  
(print full name of parent/ guardian) (circle one)

at \_\_\_\_\_ Apt. \_\_\_\_\_ Shelton, CT 06484.  
(address)

am the parent/guardian of \_\_\_\_\_  
(print student's full name)

Student's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Withdrawal effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Check one:

☐ Withdrawing to enroll in another school in state.

☐ Withdrawing to enroll in another school out-of-state.

☐ Withdrawing to homeschool.

Educational records will be sent to:

School Name:	School Address:	Attention:
_____	_____	_____
_____	_____	Phone:
_____	_____	_____
School Contact Email Address: _____		

Parent Signature: \_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_

Administrator Signature: \_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_