

Plymouth School Corporation

Admit

Withdraw

To: Sandy Dodson – Fax – (574)-936-3160

Current Date: _____

Name of Student: _____
(Please make sure you have the correct spelling)

Student Placed By: _____

Date of Birth: _____

Grade: _____

Race: _____

Date Enrolled: _____

Sex: _____

Date Withdrawn: _____

Name of Parents: _____

Address of Parent/Legal Guardian: _____

School Corporation of legal settlement: _____
(This is not always the last school attended.)

County: _____

This student is a ward of the State:

Yes

No

Notes: _____

I understand that my child has been withdrawn from _____ (school)
and is enrolled within a school in Plymouth Community School Corporation.

Parent Signature

common/sandy/transfer students/admit withdraw fax form