

**BEDMINSTER TOWNSHIP PUBLIC SCHOOL DISTRICT**

234 Somerville Road  
Bedminster, NJ 07921  
Telephone (908) 234-0768 Fax (908) 234-2318  
www.bedminsterschool.org

**BEDMINSTER TOWNSHIP SCHOOL WITHDRAWAL FORM**

**Withdrawal Information (Up to 4 students):**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Last Day of School: \_\_\_\_\_

Name of school your child will be attending after leaving Bedminster Township School:

\_\_\_\_\_ or Homeschool \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Last Day of School: \_\_\_\_\_

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\_\_\_\_\_ or Homeschool \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Last Day of School: \_\_\_\_\_

Name of school your child will be attending after leaving Bedminster Township School:

\_\_\_\_\_ or Homeschool \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Last Day of School: \_\_\_\_\_

Name of school your child will be attending after leaving Bedminster Township School:

\_\_\_\_\_ or Homeschool \_\_\_\_\_

**Parent(s) / Guardian(s) Information:**

**Name(s):** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Forwarding Address:** \_\_\_\_\_

By signing this document, I am authorizing Bedminster Township School to withdraw my child/children as listed above from attending school in that district. I agree that if my child/children were to return to the district, I would need to register them again through the school.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**