

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:

Name: _____ **Grade:** _____ **Last Day of School:** _____

Name: _____ **Grade:** _____ **Last Day of School:** _____

Name: _____ **Grade:** _____ **Last Day of School:** _____

Name: _____ **Grade:** _____ **Last Day of School:** _____

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