

**District Office**

Phone: 716-375-6600

Fax: 716-375-6629

**Middle-High School**

Ext. 2110/2100

Fax: 716-375-6630

**Elementary School**

Ext. 4172

Fax: 716-375-6628

**Special Education**

Ext. 4164

Fax: 716-375-6601

**Bus Garage**

Ext. 6612

Fax: 716-375-6627

**Student Withdrawal Form**

Date: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Student Name: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**New School Information:**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I give ALMHS permission to send my child's record upon request of new school.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administration: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_