

Mount View Middle School
12101 Woodford Drive
Marriottsville, MD 21104
410-313-5545
FAX 410-313-5551

NOTICE OF STUDENT WITHDRAWAL

I hereby give my permission for my son/daughter, _____
(child's full name)

to withdraw from Mount View Middle School as of _____.
(month/day/year)

I plan to enroll my child at _____.

(Parent/Guardian signature)

(date)