



**Riveredge Outdoor Learning Elementary School
AKA: The Riveredge School**

Mailing Address:

P.O. Box 46
Newburg, WI 53060

Email: ROLES@nosd.edu

Physical Address:

4458 County Road Y
Saukville, WI 53080

Phone #:
262-416-1171

Fax #:
262-988-4324

The Riveredge School STUDENT WITHDRAWAL FORM

Withdrawal Date: _____

Student First and Last Name: _____

_____ Male _____ Female Date of Birth: _____

Parent/Guardian Name: _____ Phone #: _____

Forwarding Mailing Address: _____

Forwarding Email Address: _____

Reason for Withdrawal: _____

Name of New School: _____

School Mailing Address: _____

Telephone #: _____ Fax #: _____

This student has an active IEP, and is receiving Special Education services

This student has a 504 Plan.

Parent/Guardian Signature: _____ **Date:** _____

Student educational records will be forwarded to the receiving school upon written request.

Office Use:

Date Student Records Sent: _____ Sent by: _____