

Student Withdrawal Form

Date: _____

Student ID # _____

Grade _____

Student Name: _____ Phone: _____

School transferring to: _____ Report Card ___Yes/___No

Please Note: All Financial Obligations must be cleared before the drop process can be completed.

Subject	Teacher	Grade	Days Absent	Teacher's Signature
ELA				
Reading				
Math				
Science				
Social Studies				
Physical ED				
Elective				
Elective				

Cafeteria (Fee/Reduced) _____

IEP: ___Yes/___No

Librarian Debt Owed \$ _____

Clerk: _____

Guidance Counselor _____

Parents Signature _____