



STUDENT WITHDRAWAL FORM

STUDENT'S NAME _____ GRADE _____

ID NUMBER _____ DOB _____ GENDER _____

LANGUAGE CLASSIFICATION _____ PHLOTE/NON-PHLOTE _____

SCHOOL WITHDRAWING FROM _____

DATE OF WITHDRAWAL _____

REASON FOR WITHDRAWAL _____

SASI WITHDRAWAL CODE W-1 W-2

PARENT(S)/GUARDIAN(S) SIGNATURE: _____

SUBJECT	GRADE ISSUED	TEACHER'S INITIALS

LIBRARIAN

BOOKS/FINES OWED

NURSE

PICKED UP MEDICATION, ETC.

PRINCIPAL'S SIGNATURE

DATE

٢٠٢٠ Copy for Cumulative Folder

٢٠٢٠ Copy for Parent

٢٠٢٠ Copy for Data Clerk