

# Calhoun Falls Charter School

205 Edgefield St  
Calhoun Falls, SC 29628  
864-418-8014 phone  
864-418-9379 fax



## STUDENT WITHDRAWAL FORM

Withdrawal \_\_\_\_\_ Transferring \_\_\_\_\_ Dropping \_\_\_\_\_

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

Date of Request: \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

Reason for Withdrawal:

\_\_\_\_\_

Parent's Signature:

\_\_\_\_\_

Principal's Signature:

\_\_\_\_\_

Counselor's Signature:

\_\_\_\_\_

School Transferring To:

\_\_\_\_\_

Address:

\_\_\_\_\_

Students are required to check in state-owned textbooks and clear all Media Center accounts. Please indicate grade and date leaving.

	Teacher	Subject	Grade/Book Returned	Amt. Owed/Paid
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____