

Student Withdrawal Form

Snoqualmie Elementary School
39801 SE Park St. Snoqualmie, WA 98065
Phone: 425-831-8050 Fax: 425-831-8047

Student Legal Name: _____ Birthdate: _____

Teacher _____ Grade _____

I am withdrawing this student for the following reason _____

Forwarding Address: _____

Last Date of Attendance: _____

New School: _____

New School Address: _____

Type of School: Public Private Homeschool Other

Special Services Received: English as a Second Language Gifted Education Special Services

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

School District Use Only

Library Books Returned _____ Balance _____

Lunch Money Cleared _____ Balance _____

Device Returned _____ Balance _____

Registrar Signature _____

Withdrawal Code _____ Date _____