Castle Rock Charter School
301 W. Washington Blvd. Crescent City, CA 95531
Telephone (707) 464-0390 Fax (707) 464-9606

Rev. 2/28/17

WITHDRAWAL FORM

Today's Date	Last Name	First Name	Middle Name	Last Day of Enrollment (Indicated by a "W" on Withdrawal Form)

Birth Date	Grade Level	Reason For Withdrawal

New School FULL Name:

Address: **City** **State** **Zip**

Supervising Teacher	Office use only – Payroll Drop Date:

WITHDRAWAL GRADES

COURSE TITLE (All Courses listed must match the Master Agreement and all Addendums)	1st. Semester Academic Marks	1st. Semester Credits	2nd. Semester Academic Marks	2nd. Semester Credits	Credits listed on Master Agreement & All Addendums	Course Credits Earned
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
						0
I certify that the courses and credits listed have been checked against the Master Agreement.	Credits Sem.1	0.00	Credits Sem. 2	0.00	Total Credits Earned ⇨	0.00

SUPERVISING TEACHER'S SIGNATURE	DATE

☐ **INTERVENTION DATES :**

AERIES _____ACCOUNTING/STUDENT ACCOUNTS _____ LIBRARY _____ TECHNOLOGY_____ REGISTRAR_____