

To obtain a withdrawal packet, please fax or mail a request to the number or address listed below.

### STUDENT WITHDRAWAL FORM

Zucker Middle School  
 6401 Dorchester Road 29418  
 Phone: 843-767-8383  
 Fax: 843-207-3084

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Grade: \_\_\_\_ HR: \_\_\_\_\_ Power School #: \_\_\_\_\_ State ID# \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ W/D Code: \_\_\_\_\_

Transferring to: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

I understand that if I am not cleared properly by all teachers and school agencies in regard to the return of all books and payments of fees, an official transcript of my records cannot be issued to any other school or agency.

\_\_\_\_\_  
 DATE PARENT / GUARDIAN SIGNATURE PARENT / GUARDIAN ID#

Subject	Withdrawal grades	Date Returned	Teacher's Initial	
ELA				
Social Studies				
Math				
Science				

**GRADING SCALE A- 93-100      B – 85-92      C-84-77      D-70-76      F- 0-69**

Withdrawal Grades will be sent with official records. Grades are not available at the time of withdrawal.

Media Center: \_\_\_\_\_ ( ) Cleared ( ) Owes: \_\_\_\_\_

Guidance: \_\_\_\_\_ Data Clerk: \_\_\_\_\_