

STUDENT WITHDRAWAL FORM

SCHOOL WITHDRAWING FROM
 FRANKLIN COUNTY K-12
 LEARNING CENTER
 F.C. ACADEMY
 F.C. PREKINDERGARTEN

STUDENT ID: _____
 DATE: _____
 LOG NUMBER: _____



Student Name: _____ Date of Birth: _____
 Aliases and/or Maiden Name/Nick Name(s): _____
 Address: _____
 Phone: _____ Cell: _____ Other: _____
 Sex: M ___ F ___ Grade: _____ Locker #: _____ Date of Withdrawal: _____
 Reason for Withdrawal: _____

The following information must be provided before a student can officially withdraw from school.

Subject	Books Returned?	Current Grades	Teachers Signature

Library Book(s) Returned: _____
 Media Specialist Signature

Transcript to be sent to:

Note: If a high school student is withdrawing, an exit interview must be completed with the Guidance Counselor.

 Parent's Signature

 Guidance Counselor's Signature