

Student Withdrawal Form
School District Five of Lexington and Richland Counties

School Contact Information

Transferring From: Chapin Elementary School 940 Old Bush River Rd. Chapin, SC 29036 Phone: 803-575-5912 Fax: 803-575-5920 Registrar: Teresa Porter Email: cesregistrar@lexrich5.org	Transferring To: School: _____ Address: _____ City: _____ Phone: _____ Fax: _____ Contact Person: _____
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Student Information

Personal Information to be completed by parent/guardian

Name of student: _____ DOB: _____ Age: ___ Race: ___ Sex: ___
 Grade: ___ Teacher: _____ Court Restrictions: Yes ___ No ___
 Parent/Guardian Name: _____ Phone: _____
 Current Home Address: _____
 New Home Address: _____
 Date of Withdrawal: _____ Reason for Withdrawal: _____
 Parent/Guardian Signature: _____ Date: _____

Instructional Status

To be completed by the teacher

Special Programs:	YES	NO		Most Recent Grades:
ESOL	_____	_____		Language Arts _____
Gifted and Talented	_____	_____		Math _____
Resource/IEP	_____	_____	classification: _____	Science _____
Self-Contained	_____	_____	classification: _____	Social Studies _____
Speech	_____	_____		Art _____
504	_____	_____		PE _____
MTSS / RTI	_____	_____		Music _____
All Books returned	_____	_____		Spanish _____
Books to be returned:	_____			
Teacher Signature:	_____			

Attendance	Cafeteria	Health	Electronic Device
Date Enrolled: _____	Money Due: _____	Screenings: _____	Chromebook: _____
Days Absent: _____	Refund Due: _____	Immunizations: _____	Charger: _____
Days Present: _____	F ___ R ___	Initial _____	Case: _____
Days Tardy: _____	Initial _____		Assistive Technology _____
Initial _____			Initial _____

Media Center Information: Unreturned Books - _____ Cost: _____
 _____ Cost: _____
 _____ Cost: _____
 Initial _____