

Greene County High School

James Peek Principal

Mariana Mansfield Assistant Principal

> **Jessie Draper** Assistant Principal

1002 South Main Street Greensboro, Georgia 30642 Phone: (706) 453-2271 Fax: (706) 453-3311

| Student Withdrawal Form | | | | | | | | | | |
|----------------------------|--|---------------|------------------------|-----------|----------------------|---------|---------|---------|-----------------|--|
| Student Information | | | | | | | | | | |
| Name: | | | | | | | | | | |
| Social Security #: | | | | | | | | | | |
| | Address: | | | | | | | | | |
| | Current Grade: | | | | | | | | | |
| Cohort: | | | | | | | | | | |
| Date Entered: | | | | | | | | | | |
| | Date Withdrawn: | | | | | | | | | |
| Reason For Withdrawal | | | School Transferring To | | | | | | | |
| | Advance to Anoth | er School (V) | | | | | | | | |
| | Death (D) | | | | | | | | | |
| | Expelled (E) | State: | | | | | | County: | | |
| | GED | | State. | | | | County: | | | |
| | Graduation (G) | | | | | Current | Classes | /Grades | | |
| | Home School | | Subje | ct | | Grade | Book | Tea | acher Signature | |
| | Incarcerated (I) | | | | | | | | | |
| | Removal for Lack of Attendance | | | | | | | | | |
| | Serious Illness/Accident (S) | | | | | | | | | |
| | Transfer to Another Public School System (T) | | | | | | | | | |
| | Transfer to Private School or Out of State | | | | | | | | | |
| | W/D Financial Hardship/Job (F) | | | | | | | | | |
| | W/D Low Grades/Failure (O) | | | | | | | | | |
| | W/D Marriage (B) | | | | | | | | | |
| | W/D Military (M) | | | | | | | | | |
| | W/D Pregnant (P) | | | | | | | | | |
| Outstanding Balances/Fines | | | | | | | | | | |
| Department | | Damages/Amo | Clear | | Department Signature | | | | | |
| Athletic Director | | | | | | | | | | |
| JROTC Instructor | | | | | | | | | | |
| Band Director | | | | | | | | | | |
| Media Specialist | | | | | | | | | | |
| Technology | | | | | | | | | | |
| School Bookkeeper | | | | | | | | | | |
| | | | Administrati | ive & Par | ent Sign | atures | | | | |
| Position | | Signature | | | | | | | Date | |
| Parent | | | | | | | | | | |
| Graduation Coach | | | | | | | | | | |
| Counselor | | | | | | | | | | |
| Administrator | | | | | | | | | | |

^{**} Every section pertaining to your GCHS student must be provided in order for the GCHS Withdrawl Form to have proper validation for a student's transfer/withdrawal.**