GWINNETT COUNTY PUBLIC SCHOOLS
ELEMENTARY WITHDRAWAL FORM

Stock # 90620
Revised 12/13

STUDENT'S NAME: _____GCPS STUDENT ID # _____

SCHOOL: _____TEACHER:_____Grade_____

SCHOOL ADDRESS: _____
Street City State Zip

STUDENT FTE #_____ STUDENT GTID # _____

SPECIFIC REASON FOR WITHDRAWAL_____

_____WITHDRAWAL DATE_____

TEXTBOOKS RETURNED: YES_____ NO____ LIBRARY BOOKS RETURNED: YES____NO____

IF NO, LIST THE BOOK(S) AND PRICE: _____

_____

LUNCHROOM CHARGES PAID: YES_____ NO_____IF NO, AMOUNT DUE_____

ATTENDANCE: # DAYS PRESENT _____ # DAYS TARDY _____
UNEXCUSED ABSENCES _____ # EXCUSED ABSENCES _____

Check Appropriate Response for Items Below

Birth Verification in Record	Yes_____ No_____	
Immunization Certificate in Record	Yes_____ No_____	
Vision/Hearing/Dental Certificate in Record	Yes_____ No_____	
Special Education	Yes_____ No_____	Name of Program_____
Supplemental File:	Yes_____ No_____	

Special Programs

Check Appropriate Programs (s)

EIP	_____
Reading Intervention	_____
Reading Recovery	_____
Math Intervention	_____
Gifted	_____
ESOL	_____

Enrollment Verification

See attached Enrollment Verification Form
Please fax attached form to previous school

Is this student currently on suspension from school? Yes_____ No_____ If yes, please attach a copy of suspension notice. (Required by Georgia Law O.C.G.A. 20-2-751-1)

SCHOOL OFFICIAL'S NAME (Print): _____

SCHOOL OFFICIAL'S SIGNATURE: _____

PARENT'S SIGNATURE: _____DATE:_____

Submit to GCPS