STUDENT WITHDRAWAL FORM

DISTRICT NAME: CAMPUS NAME:

CAMPUS NUMBER: CAMPUS PHONE:

LEGAL NAME	DEMOGRAPHICS	ID NUMBERS
LAST:	DATE OF BIRTH:	STATE ID/SSN:
FIRST:	SEX:	LAST PEIMS ID:
MIDDLE:	ETHNICITY:	LOCAL ID:
GEN.:	HOME LANGUAGE:	

ORIGINAL ENTRY DATE:

LAST ENTRY DATE:

LAST WITHDRAWAL DATE: _____

PLACED IN GRADE: _____

PROMOTED TO GRADE: _____

CURRENT GRADE:

SPECIAL PROGRAM INFORMATION

BILINGUAL:	**No**
ESL:	**No**
GIFTED/TALENTED:	**No**
LEP:	**No**
SPECIAL EDUCATION	**No**
SPEECH THERAPY:	**No**
TITLE 1:	**Not Entered**
FREE/REDUCED LUNCH ELIG:	
MIGRANT STATUS:	**No**

IMMUNIZATIONS: **NOTE: Attach the most recent copy of the immunization record to this form.**

HEALTH PROBLEMS:

MOST RECENT TAKS RESULTS:

					Exemption
Test Date / Grade:	_____	Math Score:	_____	Mastery: _____	_____
Test Date / Grade:	_____	Reading Score:	_____	Mastery: _____	_____
Test Date / Grade:	_____	Writing Score:	_____	Mastery: _____	_____
Test Date / Grade:	_____	Science Score:	_____	Mastery: _____	_____
Test Date / Grade:	_____	Soc. Studies Score:	_____	Mastery: _____	_____

CURRENT MARKING PERIOD GRADES **(Please attach most recent report card)**

Period	Course Code	Teacher	Credit Type	Course Semester	Absences Ex.	Absences Unex.	Course Grade At Withdrawal	Teacher Initials	Text Book Clear

SIGNATURES

_____ _____

(District Representative) **(Date - MM/DD/YYYY)**

District / Parent / Guardian / Qualified Student

Records Requestor (Please Circle One)

_____ _____

(Parent / Guardian / Qualified Student) **(Date - MM/DD/YYY**

_____

District Name (if requestor)

_____

Withdrawal Reason

I, _____ am requesting this information for student enrollment in _____

(Parent / Guardian / Qualified Student) **(City, State, or District)**

ATTACHMENTS: **Health Information** **Report Card** **Attendance** **Library: _____** **Cafeteria: _____** **Other: ____**

Take this form when enrolling in your new school. It is necessary for enrollment.