GWINNETT COUNTY PUBLIC SCHOOLS
MIDDLE SCHOOL WITHDRAWAL FORM

Stock # 90625
Revised 07/25

STUDENT'S NAME: _____GCPS STUDENT ID #_____

SCHOOL: _____TEACHER:_____ GRADE_____

SCHOOL ADDRESS: _____
Street City State Zip

STUDENT'S 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: _____

_____

STUDENT'S NETWORK ACCESS REMOVED: _____ (TST's initials required)

LUNCHROOM CHARGES PAID: YES_____ NO_____IF NO, AMOUNT DUE_____

ATTENDANCE: # DAYS PRESENT_____ # EXCUSED ABSENT_____
DAYS TARDY_____ # UNEXCUSED ABSENT _____

_____

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_____

<u>Special Programs</u>
Check Appropriate Programs (s)

Reading Interventions	_____
Math Interventions	_____
Gifted	_____
ESOL	_____
EIP	_____

<u>Enrollment Verification</u>
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