Student Withdrawal Form
School District Five of Lexington and Richland Counties

School Contact Information

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

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**	
ESOL	____	____	
Gifted and Talented	____	____	
Resource/IEP	____	____	classification:_____
Self-Contained	____	____	classification:_____
Speech	____	____	
504	____	____	
MTSS / RTI	____	____	
All Books returned	____	____	

Books to be returned:_____

Teacher Signature:_____

Most Recent Grades:

Language Arts _____
Math _____
Science _____
Social Studies _____
Art _____
PE _____
Music _____
Spanish _____

Attendance
Date Enrolled:_____
Days Absent:_____
Days Present:_____
Days Tardy:_____
Initial_____

Cafeteria
Money Due:_____
Refund Due:_____
F___ R___
Initial_____

Health
Screenings:_____
Immunizations:___
Initial_____

Electronic Device
Chromebook:___
Charger: ____
Case:____
Assistive Technology____
Initial_____

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