



# Aspen Elementary School

2182 33<sup>rd</sup> Street  
 Los Alamos, New Mexico 87544  
 Telephone: (505) 663-2275 Fax: (505) 662-4398  
 Michele Altherr, Principal

## SCHOOL WITHDRAWAL FORM

|   |  |                    |  |
|---|--|--------------------|--|
| Student Name  |  |                    |  |
| Student Birthdate   |  | Student ID#        |  |
| Current Grade Level   |  | Last Day of School |  |
| Reason for Leaving  |  |                    |  |
| New School Name and Location  |  |                    |  |
| Family's New Address or Best Contact Info   |  |                    |  |
| Parents agree that they have returned the student's digital devices, library books, and other LAPS items. <b>Parent Signature</b> |  |                    |  |

----- Teacher Completes Grades -----

| Temporary Transcript/Grades As of Withdrawal Date (Teacher Complete)       |       |
|--|-------|
| Subject/Notes  | Grade |
| Reading  |       |
| Writing/Language Arts  |       |
| Math   |       |
| Science  |       |
| Social Studies   |       |
| List any special services currently being received:                        |       |
| Have all classroom texts/materials been returned? Yes No, What is missing? |       |

### Office Staff Complete

- Nurse: Have medications stored with the school nurse been picked-up? Yes No, What? \_\_\_\_\_
- Librarian: Have all library materials been returned? Yes No, What? \_\_\_\_\_
- Tech: Have all technological devices been returned? Yes No, What? \_\_\_\_\_

Completed by (Office Initials) \_\_\_\_\_ Date \_\_\_\_\_ Principal Initials \_\_\_\_\_

Please make a copy for the departing student to take to the new school and keep the original in LAPS school student folder.