

Student Withdrawal Form

Snoqualmie Elementary School, Snoqualmie Valley School District 410
Snoqualmie, WA 98065
Phone: (425) 831-8050 Registrar: Amy Bruce, brucea1@svsd410.org

Student Legal Name: _____ Birthdate: _____

Teacher _____ Grade _____

I am withdrawing this student for the following reason _____

Forwarding Address: _____

Last Date of Attendance: _____

New School: _____

New School Address: _____

Type of School: ☐ Public ☐ Private ☐ Homeschool ☐ Other

Special Services Received: ☐ English as a Second Language ☐ Gifted Education ☐ Special Services

Parent/Legal Guardian Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

School District Use Only

Library Books Returned _____ Balance _____

Lunch Money Cleared _____ Balance _____

Registrar Signature _____

Withdrawal Code _____ Date _____