GWINNETT COUNTY PUBLIC SCHOOLS
MIDDLE SCHOOL WITHDRAWAL FORM

Stock # 90625
Revised 04/20

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) Chromebook Checked-In _____

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_____

Special Programs
Check Appropriate Programs (s)
Reading Interventions _____
Math Interventions _____
Gifted _____
ESOL _____
EIP _____

Enrollment Verification
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:_____

WHITE - RECEIVING SCHOOL YELLOW-FILE

Please email this form back to Ashley Callender at ashley.callender@gcpsk12.org