

PULASKI COUNTY SPECIAL SCHOOL DISTRICT
ELEMENTARY SCHOOL WITHDRAWAL FORM

DO NOT ACCEPT ANY STUDENT FOR ENROLLMENT WITHOUT A SENDING SCHOOL WITHDRAWAL FORM.
Student must not be enrolled in the receiving school with the same date as specified on this withdrawal form.

STUDENT INFORMATION:

Student: _____
(Last Name) (First Name) (Middle Name)

Student ID: _____ Birthdate: _____ Age: _____ Grade: _____ Parent/Guardian: _____

SCHOOL INFORMATION:

Name of School: _____ School Phone: _____ Teacher: _____

School Address: _____ City/State/Zip Code: _____

ATTENDANCE INFORMATION:

Number of Days Enrolled: _____ Number of Days Present: _____ Number of Days Absent: _____

Date Withdrawn: _____ # Days Absent this nine-week period: _____

Reason for withdrawal/Name and location of new school where student will be attending: _____

ACADEMIC INFORMATION:

SUBJECT	PUBLISHER	TITLE OF BOOK	LEVEL	PAGE COMPLETED	REPORTING PERIOD			
					1	2	3	4
READING								
MATH								
SPELLING								
LANGUAGE								
SOCIAL STUDIES								
SCIENCE								

Grading Scale: A = 90-100 B = 80-89 C = 70-79 D = 60-69 F = 59 and below

Current Services Received: Talented & Gifted Program Special Education Services 504 Accommodations

COMMENTS: _____

CHARGES OWED: CAFETERIA: \$ _____ MEDIA CENTER: \$ _____ FUNDRAISER: \$ _____

The information reported on this form is official and agrees with the records of our school. For a complete record of test results and this student's work, please contact our school office at the number listed above.

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____