

**PULASKI COUNTY SPECIAL SCHOOL DISTRICT  
SECONDARY 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: \_\_\_\_\_ School Fax: \_\_\_\_\_

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Date Withdrawn: \_\_\_\_\_ # Days Absent this nine-week period: \_\_\_\_\_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:**

Period	Subject/Activity	1st Qtr	2nd Qtr	1st Sem	3rd Qtr	4th Qtr	2nd Sem	Books Due	Teacher Signature
1									
2									
3									
4									
5									
6									
7									
8									

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

Withdrawal grades are an average of \_\_\_\_\_ weeks, \_\_\_\_\_ quarter, semester ending \_\_\_\_\_  
*(If withdrawal is not at the end of the nine-week period, teacher will record grade average for current marking period as of the date of withdrawal.)*

**Current Services Received:**       Talented & Gifted Class(es)       Special Education Services       504 Accommodations

Library/Media Center: \_\_\_\_\_ Date: \_\_\_\_\_

Cafeteria: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Lock Clear: \_\_\_\_\_ Date: \_\_\_\_\_