

2018-2019 STUDENT WITHDRAWAL FORM

Student Name _____

DOB _____ Withdrawal Date _____

Reason for Withdrawal: _____

Home School District: _____

Program: _____ Building: _____

Current Grades _____

Number of Days Present _____

Total Excused Absences _____ Total Unexcused Absences _____

Teacher Signature _____ Date _____

Coordinator Signature _____ Date _____

Date Updated in Student Information (SI) _____

Please send this completed form with cumulative file and health record (immunization folder) to your coordinator.

Reminder: Attach a copy of the current IEP with the updated performance noted for each objective.

When form is complete, make copies for your personal files, center director and teacher/therapist.

