



GWINNETT COUNTY PUBLIC SCHOOLS
ELEMENTARY WITHDRAWAL FORM

Stock # 90620
Revised 12/13

STUDENT'S NAME: _____ GCPS STUDENT ID # _____

SCHOOL: ___Alford Elementary_____ TEACHER: _____ Grade _____

SCHOOL ADDRESS: _ 2625 Lawrenceville Hwy _____ Lawrenceville _____ Ga _____ 30044 _____
Street City State Zip

STUDENT 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: _____

LUNCHROOM CHARGES PAID: YES _____ NO _____ IF NO, AMOUNT DUE _____

ATTENDANCE: # DAYS PRESENT _____ # DAYS TARDY _____
UNEXCUSED ABSENCES _____ # EXCUSED ABSENCES _____

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)

EIP _____
Reading Intervention _____
Reading Recovery _____
Math Intervention _____
Gifted _____
ESOL _____

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: _____

**Please save this completed form and email it to:
denise.ewing@gcpsk12.org**