



GWINNETT COUNTY PUBLIC SCHOOLS  
MIDDLE SCHOOL WITHDRAWAL FORM

Stock # 90625  
Revised 12/13

STUDENT'S NAME: \_\_\_\_\_ GCPS STUDENT ID # \_\_\_\_\_

SCHOOL: **Coleman Middle School** TEACHER: \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL ADDRESS: **3057 Main Street Duluth GA 30096**  
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)

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: \_\_\_\_\_