



GWINNETT COUNTY PUBLIC SCHOOLS
ELEMENTARY WITHDRAWAL FORM

Stock #90620
Revised: 5/23

STUDENT'S NAME: _____ GCPS STUDENT ID # _____

SCHOOL: _____ TEACHER: _____ Grade _____

SCHOOL ADDRESS: _____
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: _____

CHROMEBOOK RETURNED: YES _____ NO _____ RETURNED DATE: _____

IF NO, LIST CHROMEBOOK 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: _____