GWINNETT COUNTY PUBLIC SCHOOLS
MIDDLE SCHOOL WITHDRAWAL FORM

STUDENT'S NAME: _____ GCPS STUDENT ID # _____

SCHOOL: _____ TEACHER: _____ GRADE _____

SCHOOL ADDRESS: _____
                       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: _____

CHROMEBOOK RETURNED: YES_____ NO_____ RETURNED DATE:_____

IF NO, LIST CHROMEBOOK 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   Enrollment Verification
Check Appropriate Programs (s)   See Attached Enrollment Verification Form
Reading Interventions   _____   Please fax attached form to previous school
Math Interventions   _____
Gifted   _____
ESOL   _____
EIP   _____

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:_____

WHITE - RECEIVING SCHOOL   YELLOW-FILE