



Student Withdrawal / Transfer Form

ADMINISTRATORS OR REGISTRATORS OF PUBLIC / PRIVATE SCHOOLS MAY OBTAIN A COPY OF ORIGINAL RECORDS BY WRITING OR CALLING:

Student Name: _____ DOB: _____ School Code: _____
Student I.D. # _____ Current Grade: _____ Entry Date: _____ Withdrawal Date: _____
Reason for Withdrawal: _____ Transferring to: _____

ATTENDANCE RECORD: Days Present: _____ Days Absent: _____ Days Tardy: _____

PLEASE PROVIDE GRADE BESIDE SUBJECT AREA: (TO BE COMPLETED BY THE TEACHER)

READING: _____ ENGLISH: _____ SPELLING: _____ PENMANSHIP: _____ MATH: _____
SOCIAL STUDY: _____ CHAMORRO: _____ HEALTH: _____ MUSIC: _____ ART: _____ P.E.: _____ OTHERS: _____

SFA PROGRAM: [] Reading Roots Stage-Level: _____ Last Lesson Completed: _____
Reading Teacher: Fast Track Last Lesson Completed: _____
[] Reading Wings Grade Level equivalent: _____
Last Story Completed: _____

ESL PROGRAM: Home Language: _____ Program Status: _____
Coordinator Info: Proficiency Level: _____

CHECK MARK SPECIAL PROGRAM(S) THAT THE STUDENT PARTICIPATED IN:

Speech: _____ ESL: _____ GATE: _____ SPED: _____ COUNSELING: _____ Other(specify): _____

PLEASE INITIAL FOR CLEARANCE

ESL: _____ GUIDANCE COUNSELOR: _____ HEALTH COUNSELOR: _____
LIBRARY: _____ TEXTBOOKS: _____ MONIES DUE: _____

FREE / REDUCED: [] YES [] NO [] (Application copy attached to this form)

COMMENTS: _____

Teacher's Signature: _____ Date: _____

Administrator Signature: _____ Date: _____ Parent's Signature: _____

ACKNOWLEDGEMENT OF RECEIPT BY RECEIVING SCHOOL: _____ DATE: _____