

**STUDENT WITHDRAWAL NOTICE
UNION COUNTY PUBLIC SCHOOLS**



School: _____ Withdrawal Date: _____

Student Name: _____ Enrollment Date: _____

Student ID#: _____ Birthdate: _____ Age at time of withdrawal: _____

Grade: _____ Exceptional Children's Program: Yes No

ESL / ELL Program: Yes No

Withdrawal Code: _____ Reason for WD: _____

Transfer To: _____

Plans after leaving: _____

Parent Name: _____ Address: _____

PLEASE PUT GRADES AT TIME OF WITHDRAWAL IN THE PROPER SPACE!

Teacher	Subject	1 st	2 nd	3 rd	Ex	S	4 th	5 th	6 th	Ex	S	F	Books Returned	Teacher Initials

Homeroom Teacher: _____ Fees Owed: _____ Days Absent: _____

Description of Fees Owed: _____

Media Center Release: _____ (Media Coordinator signature)

School Laptop Returned: _____ (Technology Specialist signature)

Parent Signature (if student is under 16): _____ Date: _____

Student Signature (if over 16): _____ Date: _____

Guidance Counselor Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Student withdrawn from computer by: _____ Date: _____

(NC Wise Data Manager signature)