

STUDENT WITHDRAWAL NOTICE SIS-F003
ANSON COUNTY SCHOOLS

Date_____

Student ID #_____ Student's Name_____ Grade_____
Teacher_____

The above named student has withdrawn from _____
(Name of School)

Complete this form and return to the office with the student's report card, K-2 assessment (if applicable), and any other items that should be forwarded with the cumulative record.

Withdrawal Date_____ Withdrawal Code_____

Special Programs ☐ Academically Gifted
☐ Exceptional Children's Program (IEP)
☐ Limited English Proficient
☐ Speech
☐ 504 Plan
☐ Other

Does the student have medication(s) at school? ☐ Yes ☐ No

Are all fees paid? ☐ Yes ☐ No If no, \$_____ Description_____

Has the student returned all books, including any library books? ☐ Yes ☐ No

If no, list books_____

Does the student owe money to the cafeteria? ☐ Yes ☐ No If yes, \$_____

Please indicate grades attained since last report card.

<u>TEACHER</u>	<u>SUBJECT</u>	<u>GRADES TO DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GRADING
SCALE**

**A=90 –
100
B=80 – 89**

Special Comments concerning student_____

(Signature of parent/legal guardian) Date_____