

STUDENT WITHDRAWAL FORM

E-MAIL ACCORDING TO DOCUMENT ROUTING PROCEDURES

Teacher Name: _____ Effective Date: _____
(Last day of enrollment) _____

Student Name: _____ Grade: _____

Parent Name: _____ Phone: _____

New School (if known): _____

Please fill out a separate form for each student withdrawing.
The original form must be received within 3 days of withdrawal for records to remain accurate.

Reason for Withdrawal:

- | | |
|---|--|
| <input type="checkbox"/> W2 – In State Transfer | <input type="checkbox"/> W7 – Traditional School |
| <input type="checkbox"/> W4 – Private School Transfer | <input type="checkbox"/> W8 – Moved |
| <input type="checkbox"/> W6 – Graduated | <input type="checkbox"/> W9 – Third Missing Assignment |

Does student have an active IEP? _____

Is student receiving Special Ed services? _____

Have all materials been returned? _____

Please attach a list of outstanding materials. All materials must be returned before MCS may release student records including cumulative files, report cards, and transcripts. _____

Is the student receiving VCI services? _____

Please be sure to send a cancel order to the purchasing clerk. _____

Upon a student's withdrawal, immediately e-mail this form to office. All remaining items must be submitted within 5 working days.

- Student Withdrawal Form
- Monthly Learning Records
- Attendance Record *amended if applicable
- Report Card
- All non-consumable student materials returned
- All vendors cancelled by sending cancel order to purchasing clerk
- Work permit revoked

Teacher Signature: _____ Date: _____