J. D. Dickerson Primary School 800 North Street Vidalia, GA 30474 912-537-3421 912-537-6282 fax

## J. D. Dickerson Primary School Withdrawal Form

Student Name:			Grade	
Last	First	Middle		
Student ID #	Date of Birth		□ Male □ Female	
Withdrawal Date	Withdrawal Reaso	Withdrawal Reason		
Fransfer to:				
School Name:				
School Address:				
Special Programs: Gifted Other:	; Special Education; R		ent Support Team	
Subject	Level/Grade	Textbook Returned Yes No		
_anguage Arts				
Mathematics				
Science				
Social Studies Music				
Physical Education				
Other:	-			
The following records have be Discipline Record (Yes/ Pending Disciplinary Action: \$	No) Media (Yes/N			
Teacher Signature / Da		Principal Sign		
,	PARENTAL CO		, the legal	
custodian of this child,	(Student) c	consent to his/her wit	hdrawal from school or	
(D				
Date:	Legal Custod	lian:		
Date:	Witness:			

Note: If parent is unable to sign this form, the school should indicate the reason the signature was not obtainable.