

# STUDENT WITHDRAWAL FORM

SCHOOL:

SPRING CITY ELEMENTARY SCHOOL

270 EAST JACKSON AVENUE

SPRING CITY, TENNESSEE 37381

PHONE: 423-365-6451

FAX: 423-365-7075

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Date of Birth \_\_\_\_\_

Days Present \_\_\_\_\_ Days Absent \_\_\_\_\_ Date Last Attended \_\_\_\_\_

Resource \_\_\_\_\_ Speech \_\_\_\_\_

Reason for Withdrawal \_\_\_\_\_

Name/City/State of New School \_\_\_\_\_  
School Name City State

Nine Week grading period: Begins \_\_\_\_\_ Ends \_\_\_\_\_

	Grades	*Materials/books returned	Initials
1. Reading	_____	_____	_____
2. English	_____	_____	_____
3. Spelling	_____	_____	_____
4. Math	_____	_____	_____
5. Science	_____	_____	_____
6. Social Studies	_____	_____	_____

\*List below the name and amount due on text books/materials and library books

Library: Student is clear: Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

Cafeteria: Student is clear: Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_ Amount Owed \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Signature of Parent/Guardian