

JEFFERSON COUNTY SCHOOLS  
DANDRIDGE, TENNESSEE 37725

Student Withdrawal Request Policy 6.207

Current School \_\_\_\_\_ Principal \_\_\_\_\_  
 Address \_\_\_\_\_ Phone / FAX \_\_\_\_\_  
 City, State \_\_\_\_\_

SUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SSN \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ ENROLLED ON \_\_\_\_\_ WITHDREW \_\_\_\_\_

PARENT / GUARDIAN'S NAME \_\_\_\_\_

Moving to: \_\_\_\_\_  
 (city) (state) (school, if known)

WITHDRAWAL AUTHORIZATION: In Person, Phone Call, Written Note, or other  
 (circle one of the above)

SPECIAL EDUCATION RECORDS: None Available / Available on Request (circle one)

This form should be circulated to all teachers serving this student as well as cafeteria, library, nurse, and others who may have need to be aware of this student's withdrawal from school. Return original form to Office for final approval by the principal.

**Please give the completed grades and any grades in progress at the time of withdrawal**

Subject	Grade for Current Grading Period	Book(s) Returned	Teacher Initial
ENGLISH		YES NO	
MATH		YES NO	
SCIENCE		YES NO	
SOC. STU.		YES NO	
PHY EDU		YES NO	
READING		YES NO	
MUSIC / BAND		YES NO	
ART		YES NO	
Other		YES NO	
Other		YES NO	
Other		YES NO	
NURSE / CLINIC	Check out any medications	YES NO	
LIBRARY / MC	Check-in all books	YES NO	
CAFETERIA	Has paid any money owed	YES NO	
List amount of money owed \$			

(Note: If book or loaned material not returned, list name of book and cost of book / materials.)

Principal / Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_