



SS-451 (01/2017)

# Mobile County Public School System

P.O. Box 180069 - Mobile, AL 36618 – [www.mcps.com](http://www.mcps.com)

## STUDENT WITHDRAWAL INFORMATION FORM

<b>Student's Last Name:</b>		<b>Student's First Name:</b>		<b>Student's Middle Name:</b>	
_____		_____		_____	
<b>Grade:</b>	<b>Age:</b>	<b>Date of Birth:</b>	<b>Date of Withdrawal:</b>		
_____	_____	_____	_____		
<b>Year as First Time 9<sup>th</sup> Grader:</b> _____			<b>Graduation Cohort (Office Use):</b> _____		
<b>Nearest Relative Not Living With You:</b>			<b>Phone Number:</b>		
_____			_____		
<b>Reason for Withdrawal:</b> <input type="checkbox"/> Moving/Relocation <input type="checkbox"/> Loss of Housing <input type="checkbox"/> Relocation due to natural disaster <input type="checkbox"/> Unaccompanied Youth					
<b>Other Reason(s):</b> _____					
_____					

<b>Withdrawing School:</b>		<b>Enrolling School:</b>	
_____		_____	
School's Address:		School's Address (if not in MCPSS):	
_____		_____	
City  State  Zip Code:		City  State  Zip Code:	
_____		_____	
Telephone#:	Fax#:	Telephone#:	Fax#:
_____	_____	_____	_____
<b>PRINT Name of Parent/Guardian Withdrawing Student:</b>		<b>Parent/Guardian's Signature:</b>	
_____		_____	

\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\*

### Reason for Withdrawal

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> W/I Sys-Public/Home   | <input type="checkbox"/> WB1-Trans W/I State-Pub | <input type="checkbox"/> WA2-W/I Sys-Priv/Home  | <input type="checkbox"/> WB2-Trans W/I State-Priv |
| <input type="checkbox"/> WA3-W/I Sys-Chur/Home | <input type="checkbox"/> WB3-W/I State-Chur/Home | <input type="checkbox"/> WCI-Trans Out-of-State | <input type="checkbox"/> WEI-Elem Reason Unknown  |
| <input type="checkbox"/> WD2-Deceased          | <input type="checkbox"/> WD4-Youth Services      | <input type="checkbox"/> WD5-Special Services   | <input type="checkbox"/> WD6-Expulsion            |

\*\*\*\*\*STATE DROPOUT CODES FOR STUDENTS 17 YEARS OLD OR OLDER\*\*\*\*\*

### Reason for Dropping Out

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> D01-Failed High School Exam | <input type="checkbox"/> D02-Academic Difficulties | <input type="checkbox"/> D03- Marriage              | <input type="checkbox"/> D04-Pregnancy             |
| <input type="checkbox"/> D05-Employment              | <input type="checkbox"/> D06-Physical Illness      | <input type="checkbox"/> D07-Language Difficulties  | <input type="checkbox"/> D08-Dislike of School     |
| <input type="checkbox"/> D09-Needed at Home          | <input type="checkbox"/> D10-Parental Influence    | <input type="checkbox"/> D11-Student/Staff Relation | <input type="checkbox"/> D12-Relationship w/Female |
| <input type="checkbox"/> D13-Enter Military Service  | <input type="checkbox"/> D14-Behavior Problems     | <input type="checkbox"/> D15-Other Known Reasons    | <input type="checkbox"/> D16-Reason Unknown        |

Gym:  Yes  No      Gym Locker & Equipment:  Yes  No      Library Clearance:  Yes  No

**Signature of Registrar or Appropriate Staff Member:** \_\_\_\_\_