



GWINNETT COUNTY PUBLIC SCHOOLS  
ELEMENTARY WITHDRAWAL FORM

Stock # 90620  
Revised 12/13

STUDENT'S NAME: \_\_\_\_\_ GCPS STUDENT ID # \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_ Grade \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_  
Street City State Zip

STUDENT FTE # \_\_\_\_\_ STUDENT GTID # \_\_\_\_\_

SPECIFIC REASON FOR WITHDRAWAL \_\_\_\_\_

\_\_\_\_\_ WITHDRAWAL DATE \_\_\_\_\_

TEXTBOOKS RETURNED: YES \_\_\_ NO \_\_\_ LIBRARY BOOKS RETURNED: YES \_\_\_ NO \_\_\_

IF NO, LIST THE BOOK(S) AND PRICE: \_\_\_\_\_

LUNCHROOM CHARGES PAID: YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, AMOUNT DUE \_\_\_\_\_

ATTENDANCE: # DAYS PRESENT \_\_\_\_\_ # DAYS TARDY \_\_\_\_\_  
# UNEXCUSED ABSENCES \_\_\_\_\_ # EXCUSED ABSENCES \_\_\_\_\_

Check Appropriate Response for Items Below

Birth Verification in Record Yes \_\_\_ No \_\_\_  
Immunization Certificate in Record Yes \_\_\_ No \_\_\_  
Vision/Hearing/Dental Certificate in Record Yes \_\_\_ No \_\_\_  
Special Education Yes \_\_\_ No \_\_\_ Name of Program \_\_\_\_\_  
Supplemental File: Yes \_\_\_ No \_\_\_

Special Programs

Check Appropriate Programs (s)  
EIP \_\_\_\_\_  
Reading Intervention \_\_\_\_\_  
Reading Recovery \_\_\_\_\_  
Math Intervention \_\_\_\_\_  
Gifted \_\_\_\_\_  
ESOL \_\_\_\_\_

Enrollment Verification

See attached Enrollment Verification Form  
Please fax attached form to previous school

Is this student currently on suspension from school? Yes \_\_\_ No \_\_\_ If yes, please attach a copy of suspension notice.  
(Required by Georgia Law O.C.G.A. 20-2-751-1)

SCHOOL OFFICIAL'S NAME (Print): \_\_\_\_\_

SCHOOL OFFICIAL'S SIGNATURE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Download form. Fill out and  
email to Bethany Reed at  
bethany.reed@gcpsk12.org**