



GWINNETT COUNTY PUBLIC SCHOOLS
ELEMENTARY WITHDRAWAL FORM

Stock # 90620
Revised 12/13

STUDENT'S NAME: _____ GCPS STUDENT ID # _____

SCHOOL: _____ TEACHER: _____ Grade _____

SCHOOL ADDRESS: 4151 Rosebud Road Loganville Georgia 30052
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: _____