



GWINNETT COUNTY PUBLIC SCHOOLS
MIDDLE SCHOOL WITHDRAWAL FORM
Fax: 770-806-8930 Tel: 770-923-4131

Stock # 90625
Revised 12/13

STUDENT'S NAME: _____ GCPS STUDENT ID # _____

SCHOOL: _____ TEACHER: _____ GRADE _____

SCHOOL ADDRESS: _____
Street City State Zip

STUDENT'S 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: _____

STUDENT'S NETWORK ACCESS REMOVED: _____ (TST's initials required)

LUNCHROOM CHARGES PAID: YES ___ NO ___ IF NO, AMOUNT DUE _____

ATTENDANCE: # DAYS PRESENT _____ # EXCUSED ABSENT _____
DAYS TARDY _____ # UNEXCUSED ABSENT _____

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)
Reading Interventions _____
Math Interventions _____
Gifted _____
ESOL _____
EIP _____

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: _____