



UNION PUBLIC SCHOOLS

ELEMENTARY WITHDRAWAL FORM

School Withdrawing From _____ School Address _____ (Street) (City) (State) (Zip)

Date of Withdrawal _____ Withdrawal Code _____ (Month) (Day) (Year)

Student's Name _____ Grade Withdrawing From _____ (Last) (First) (Middle)

Student's Date of Birth _____ Male Female (Check One) (Month) (Day) (Year)

Student's New Address _____ (Street) (City) (State) (Zip)

Name of Parent or Guardian _____

The Following Curriculum Has Been Pursued by the Above Student

Table with 6 columns: Curriculum, Publisher, Page Completed, Grade at Withdrawal, Grade Level of Work, Comments About Work, Etc. Rows include Reading, Math, Language, Spelling, Writing, Social Studies, Science.

In addition to the above curriculum, the student has Physical Education, Art and/or Music on a rotating basis.

Books checked in: Yes ___ No ___

Library books returned: Yes ___ No ___

Librarian

Extended Day Care Charges Paid: Yes ___ No ___

Supervisor

Lunch Charges Paid: Yes ___ No ___ _____ Cafeteria Cashier

Evaluation Key table with symbols (+, checkmark, =, x) and descriptions (consistently successful, progressing, area of concern, no evaluation at this time, needs more time for dev.).

Teacher

Principal

*** Student's Immunization Records are attached. DEE-025 (Revised 3/00)