



COLLETON COUNTY SCHOOL DISTRICT

STUDENT WITHDRAWAL FORM

SCHOOL NAME _____

(Please Print)

Student's Full Name: _____
Last First Middle

SASI ID Number: _____ Social Security Number ____ - ____ - ____

Date of Withdrawal _____ Date of Enrollment _____

Grade this year _____ Birth Date ____ / ____ / ____ Lunch Status _____

Is student under a Court Order to attend school? ___ Yes ___ No If yes, Order Number or issuing county _____

Subject	Teacher	Grade at Withdrawal Date	Book(s) Returned	Teacher's Initials

Has student previously been enrolled in the Gift and Talented program? ___ Yes ___ No

Has student previously been enrolled in Special Education? ___ Yes ___ No

Has student previously been enrolled in Speech? ___ Yes ___ No

Has student had an IEP developed? ___ Yes ___ No

Has student had a 504 Plan developed? ___ Yes ___ No

Fees Owed: Cafeteria \$ _____ Media Center \$ _____ Office \$ _____

Reason for Withdrawal: _____

Name of person withdrawing student _____ Relationship to student _____

Comments: _____

Signature of School Official _____ Title _____