

ADAMS ELEMENTARY
STUDENT WITHDRAWAL/TRANSFER

(To be completed by Parent/Guardian)

Student's First Name _____	Middle _____	Last _____
Date of Birth _____		
Last Day Attending _____		
Current Grade Level _____		
Teacher _____		
Reason for withdrawing _____		
Name of New School _____		
City _____	State _____	
Phone _____	FAX _____	

- ___ Textbooks Returned
- ___ Textbook Rental Fee Paid
- ___ Library Books Returned
- ___ Lunch Account Clear

Name of Parent/Guardian _____

Please Print

Parent/Guardian Signature

(To be completed by teacher)

Current Grades

_____ Reading _____ Math _____ Social Studies _____ Science _____ English

Teacher Comments

Teachers Signature

Date