

Withdrawal Form

Student Name		Today's Date	
Student ID#			
		Tentative start date at next school	
Your child is expected to attend so	chool until he/she is trans	sferred to the new School District.	
Grade			
Building	_ DOB	Age	
New School Institution	Name and Addre	ess	
Parent/Guardian Forwa	arding Address		
Phone #			
Parent/Guardian Signat	ture		

FOR OFFICE USE ONLY

PRIMARY WITHDRAWAL CODE			
☐ L: Left public school system but didn't drop (e.g., transferred out of PA, transferred to private school etc.)			
☐ T: Transferred to another LEA in PA			
WITHDRAWAL CODE			
IF APPLICABLE PLEASE INCLUDE IN ECL NOTES			
☐ A: Dropped out- Academic Problems ☐ B: Dropped out - I	Behavior problems		
☐ C: Dropped out – Child, Married or Pregnancy ☐ D: Dropped out- D	Disliked school		
☐ W: Wanted to work ☐ R: Runaway or Ex	pelled		
DOST EVIT CADEED CODE COMDITETE EOD STUDENTS 14 AND	D OVED		
POST EXIT CAREER CODE – COMPLETE FOR STUDENTS 16 AND OVER			
IF APPLICABLE PLEASE INCLUDE IN (ECL) NOTES □ 110 Farm worker □ 998 GED	□ 190 H.d. arron		
	□ 180 Unknown		
☐ 150 Blue collar worker ☐ 120 Homemaker			
□ 170 Unemployed □ 160 Service worker			
ACTION STEPS			
☐ Grades, unofficial transcript, attendance printed and given to parent/guardian	□ Records sent (Date)		
\square ECL completed — if records request received, document in notes section	☐ Materials collected and returned		
☐ Locker/desk cleaned out — custodian notified	☐ Records request received (Date)email Student Information Systems Coordinator		
IF RECORDS REQUEST IS NOT RECE	EIVED WITHIN 10 DAYS		

Date	Action
	Secretary contact the new school
	Counselor contact Parent/Guardian
	Counselor phone or email the Student Services Coordinator – if unresolved