



11232 El Camino Real, San Diego, CA 92130 – Ph: (858) 755-9301 - Fax: (858) 755-4361

## Student Withdrawal Form

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Please print clearly and include city, state and zip code.

### Reason for Withdrawal:

- Transfer to Another San Diego County School
- Transfer to Private School
- Transfer to Another California School *Please enter name and address of new school below.*
- Transfer Out of State
- Transfer Out of the United States – Name of Country \_\_\_\_\_
- Home School
- Other \_\_\_\_\_

Name of New School: \_\_\_\_\_

School Address (if known): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

- This student has an active IEP, and is receiving Special Education services.
- This student has a 504 Plan.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student educational records will be forwarded to the receiving school upon written request.**

### For Office Use Only:

Date Student Records Sent \_\_\_\_\_ Sent By \_\_\_\_\_