

RUSSELL COUNTY SCHOOLS WITHDRAWAL FORM

SCHOOL: Oliver Elementary _____ DATE: _____
 ADDRESS: 77 Longview St. PHONE #: _____ FAX #: _____
 Seale, AL 36875 HOME ROOM: _____

STUDENT NAME: _____ GRADE/SECTION: _____
 Last First Middle

DATE ENROLLED: _____ DATE OF WITHDRAWAL: _____ LOCKER #: _____ DAYS ON ROLL: _____
 DAYS PRESENT: _____ ABSENCES: _____ TARDIES: _____ UNEXCUSED ABSENCES: _____ HOME ROOM TEACHER'S INITIALS: _____

PARENT/GUARDIAN: _____ ADDRESS: _____

STUDENT'S SIGNATURE: _____ PARENT/GUARDIAN PERMISSION/OTHER: _____

District Transferring To: _____ School Transferring To: _____
 (CITY/STATE) _____

REASON FOR WITHDRAWAL: _____

FIRST SEMESTER:			NINE WEEKS:			SECOND SEMESTER:			NINE WEEKS:		
PER.	SUBJECT	TEACHER	1 ST	2 ND	SEM AVG.	PER.	SUBJECT	TEACHER	1 ST	2 ND	SEM AVG.
1						1					
2						2					
3						3					
4						4					
5						5					
6						6					
7						7					

CLEARANCE: _____ LIBRARY: Books Returned Yes No
 GUIDANCE: _____ Fines Paid Yes No
 CHILD NUTRITION: _____ OTHER: _____
 JROTC: _____ SPECIAL SERVICE: _____
 FINAL WITHDRAWAL FROM OFFICE: _____
 (PRINCIPAL/COUNSELOR/REGISTRAR)

COMMENTS: _____

NUMERICAL GRADE SCALE:

- A = 90-100
- B = 80-89
- C = 70-79
- D = 60-69
- F = 59-below (Failing)

- S = Satisfactory
- U = Unsatisfactory
- I = Incomplete

Clearance of textbooks and other instructional materials:

PERIOD	YES	NO	NONE ISSUED	TEACHER'S NAME
1				
2				
3				
4				
5				
6				
7				

*Filled out prior to transfer or withdrawal. Original should be sent with student to receiving school. Retain copy in the cumulative folder. Original immunization should also accompany withdrawal form. Copy must be retained in cumulative folder.

White copy to student

Pink copy to permanent record

Yellow copy to secretary/computer files