

Student Withdrawal/Record Transfer Form

Confidential

District Name CDC / School Name / Address School Phone and Fax Number	Legal Name DATE OF BIRTH: MALE: _____ FEMALE: _____ ETHNICITY: HOME LANGUAGE: MIGRANT STATUS: MSRTS ID (If Applicable):	Social Security Number (or) State-Approved Alt. ID ID Last Reported to State Local Student ID Number
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Original Entry Date: 08/27/2012 (Current school year) Last Withdrawal Date: 03/06/2013 Placed in Grade: Promoted to Grade: <input checked="" type="checkbox"/> X Current Grade Level: 10 Destination: Juvenile Detention Center	IMMUNIZATIONS: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Date</th> <th>Exempt</th> </tr> </thead> <tbody> <tr> <td>DTP</td> <td>09/15/95 11/20/95 05/20/96 09/15/98 11/20/99 09/07/06</td> <td></td> </tr> <tr> <td>DTP2</td> <td>07/30/07</td> <td></td> </tr> <tr> <td>HEPA</td> <td>09/07/06 07/30/07</td> <td></td> </tr> <tr> <td>HEPB</td> <td>07/10/95 09/15/95 05/20/96</td> <td></td> </tr> <tr> <td>HIB</td> <td>09/15/95 11/20/95 05/20/96 09/15/98</td> <td></td> </tr> <tr> <td>MMR</td> <td>09/05/98 11/20/99</td> <td></td> </tr> <tr> <td>POLIO</td> <td>09/15/95 11/20/95 05/20/96 11/20/99</td> <td></td> </tr> <tr> <td>TB</td> <td>11/20/99</td> <td></td> </tr> <tr> <td>VARC</td> <td>09/05/98</td> <td></td> </tr> </tbody> </table> HEALTH PROBLEMS:	Type	Date	Exempt	DTP	09/15/95 11/20/95 05/20/96 09/15/98 11/20/99 09/07/06		DTP2	07/30/07		HEPA	09/07/06 07/30/07		HEPB	07/10/95 09/15/95 05/20/96		HIB	09/15/95 11/20/95 05/20/96 09/15/98		MMR	09/05/98 11/20/99		POLIO	09/15/95 11/20/95 05/20/96 11/20/99		TB	11/20/99		VARC	09/05/98	
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CURRENT GRADES (Please attach most recent report card)									
Period	Course Code/Abbreviation/ Teacher	Credit Type	Course Term	Absences	GP1	GP2	Grade at W/D	Tchr Injt	
1-1	Algebra I / Whichard	A	2	18/38			D	KLL	Most Recent State Test Results Exemptions: Last Test Date: Grade Level (of last test): Test Name:
2-2	Geometry / BETHKE	A	2	16/56			D	KGB	
3-3	US History / WALKER	A	2	9/1			D	AW	
4-4	A Lunch / Advisory / BROMBERG	A	2	17/100			100	SB	
5-5	Professional Communications / Batte	A	2	17/87			50	FB	
6-6	English III / Wittneben	A	2	14/41			D	FB	
7-7	Int Physics & Chem / Feldhoff	A	2	21/35			D	FB	
8-8	English II / Mcnair	A	2	20/36			50	FB	

SIGNATURES

(Parent)	(Counselor)
(Attendance)	(Asst. Principal/Principal)
(Nurse)	(Registrar)
(Library)	(Other)
(Other)	Transfer to JDC
	Withdrawal Reason:

I, _____ am requesting this information for student enrollment in _____
 (parent, guardian, or adult student) (City, State, or District)