

Date: _____
 School Name: _____
 Address: _____
 Phone # _____ Fax # _____

Walton

COUNTY SCHOOL DISTRICT
Withdrawal Form

For Office Use Only

- Exit Interview: Y N N/A
- Exit Survey: Y N N/A

Counselor Initial _____ Date _____
 Data Entry Initial _____ Date _____
 Counselor Approval Signature _____
 W-24—Copy and send to SS

Elementary - Parents: A copy of this form will be given to you and the original will be retained in the school. Your copy should be presented to the next school in which you enroll your child.
Secondary - Student: Have this form completed and signed by your teachers and the individuals listed below. A copy of this form will be given to you and the original will be retained in the school. Your copy should be presented to the next school in which you enroll. For students age sixteen and over who are terminating school enrollment, this withdrawal form serves as the formal Declaration of Intent to Terminate School Enrollment. Termination is likely to reduce your earning potential and will cause you to lose your driving privileges unless recognized by the school board as a hardship condition. You must complete an exit survey prior to withdrawal.

Student's Legal Name: _____
Last First Middle Grade

Florida Student ID # _____ Date of Birth _____ Entry date/code _____

Withdrawal Date/code* _____ Reason for Withdrawal _____

Days Present _____ Days Absent _____ Receiving School (if known) _____

Signature of Student, age 16 or above who intends to terminate his/her enrollment _____

Date Parent/Guardian notified of the receipt of this declaration _____ Method of Notification Registered Mail In Person

Parent/Guardian's Signature _____

Period	Subject Area/Teacher	First 9 Weeks	Second 9 Weeks	Semester Exam/Avg	Third 9 Weeks	Fourth 9 Weeks	Semester Exam/Avg	Final Average	Teacher's Initials	Books Returned
1st										
2nd										
3rd										
4th										
5th										
6th										
7th										

Grade Key: A = 90-100 B = 80-89 C = 70-79 D = 60-69 F = 0-59 Electives: E-Excellent; S-Satisfactory; N-Not Satisfactory; U-Unacceptable
 Enrolled in Exceptional Student Education Program Yes No Served by 504 Plan Yes No
 If yes, indicate which program(s): Speech Language Specific Learning Disabilities Emotional/Behavior Disability Intellectual Disability
 Autism Spectrum Disorder Other Health Impaired Gifted Other: _____

Remarks: _____

Homeroom Teacher's Signature: _____

Media Center Specialist's Signature: _____ Library Books Returned Yes No

Cafeteria Manager's Signature: _____ Account Debt Cleared Yes No

I hereby grant permission to transfer the complete records of the above student (including psychological information) to any school in which he/she may enroll.

Parent/Guardian Signature _____ **Date** _____

Copy to: School (white) Student (yellow) Receiving School (pink)