



GWINNETT COUNTY PUBLIC SCHOOLS  
ELEMENTARY WITHDRAWAL FORM

Stock # 90620  
Revised 12/13

STUDENT'S NAME: \_\_\_\_\_ GCPS STUDENT ID # \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_ Grade \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_  
Street City State Zip

STUDENT FTE # \_\_\_\_\_ STUDENT GTID # \_\_\_\_\_

SPECIFIC REASON FOR WITHDRAWAL \_\_\_\_\_

\_\_\_\_\_ WITHDRAWAL DATE \_\_\_\_\_

TEXTBOOKS RETURNED: YES \_\_\_\_\_ NO \_\_\_\_\_ LIBRARY BOOKS RETURNED: YES \_\_\_\_\_ NO \_\_\_\_\_

IF NO, LIST THE BOOK(S) AND PRICE: \_\_\_\_\_

LUNCHROOM CHARGES PAID: YES \_\_\_\_\_ NO \_\_\_\_\_ IF NO, AMOUNT DUE \_\_\_\_\_

ATTENDANCE: # DAYS PRESENT \_\_\_\_\_ # DAYS TARDY \_\_\_\_\_  
# UNEXCUSED ABSENCES \_\_\_\_\_ # EXCUSED ABSENCES \_\_\_\_\_

Check Appropriate Response for Items Below

Birth Verification in Record	Yes _____ No _____
Immunization Certificate in Record	Yes _____ No _____
Vision/Hearing/Dental Certificate in Record	Yes _____ No _____
Special Education	Yes _____ No _____ Name of Program _____
Supplemental File:	Yes _____ No _____

Special Programs

Check Appropriate Programs (s)

EIP \_\_\_\_\_  
Reading Intervention \_\_\_\_\_  
Reading Recovery \_\_\_\_\_  
Math Intervention \_\_\_\_\_  
Gifted \_\_\_\_\_  
ESOL \_\_\_\_\_

Enrollment Verification

See attached Enrollment Verification Form  
Please fax attached form to previous school

Is this student currently on suspension from school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach a copy of suspension notice.  
(Required by Georgia Law O.C.G.A. 20-2-751-1)

SCHOOL OFFICIAL'S NAME (Print): \_\_\_\_\_

SCHOOL OFFICIAL'S SIGNATURE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_