



# Withdrawal Form

Date: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

### For Office Use Only

Exit Interview Complete: Y N N/A  
 Exit Survey Complete: Y N N/A  
 Counselor Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
 Data Entry Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
 Note: Notify Home Ed office of W24 withdrawals  
 Make appropriate copies for GED waiver

**Parent of Elementary Student:** A copy of this form will be given to you and the original will be retained by the school. Your copy should be presented to the new school of enrollment for your child. **Parent Initials:** \_\_\_\_\_

**Parent of Secondary Student:** Your child will have this form completed and signed by his/her teachers and other school staff below. A copy of this form will be given to you and the original will be retained at the school. Your copy should be presented to the new school of enrollment for your child. This withdrawal form serves as a formal Declaration of Intent to Terminate School Enrollment for students aged sixteen (16) and older. Please note termination is likely to reduce the student's earning potential and will cause the student to lose his/her driving privileges (driver's license or the ability to obtain one) unless recognized by the school board as a hardship condition. An exit interview must be completed prior to withdrawal. **Parent Initials:** \_\_\_\_\_

**Student's Legal Name** \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Florida Student ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Entry Date/Code \_\_\_\_\_

Days Present \_\_\_\_\_ Days Absent \_\_\_\_\_ Receiving School \_\_\_\_\_

Student Enrolled in Exceptional Student Education Program? \_\_\_ Yes \_\_\_ No Student Served by a 504 Plan? \_\_\_ Yes \_\_\_ No

If yes, indicate which program(s): \_\_\_ Autism Spectrum Disorder \_\_\_ Emotional/Behavioral \_\_\_ Gifted \_\_\_ Intellectual Disability \_\_\_ Language  
 \_\_\_ Other Health Impaired \_\_\_ Specific Learning Disability \_\_\_ Speech \_\_\_ Other \_\_\_\_\_

**Withdrawal Date** \_\_\_\_\_ **Reason for Withdrawal** \_\_\_\_\_

**Please check the correct code: (\*\*Dropout Code)**

- |  |  |
|--|--|
| <input type="checkbox"/> W02 PK-12 Promoted, retained or transferred to another school in same district  | <input type="checkbox"/> W21 KG-12 Withdrawn due to being expelled with no educational services**  |
| <input type="checkbox"/> W3A PK-12 Withdraws to attend a public school in another district in Florida  | <input type="checkbox"/> W23 KG-12 Withdraw from school for any reason other than W01-W22 or W24-W27**   |
| <input type="checkbox"/> W3B PK-12 Withdraws to attend another public school out-of-state or out-of-country  | <input type="checkbox"/> W24 KG-12 Withdraw from school to attend a Home Education Program   |
| <input type="checkbox"/> W04 PK-12 Withdraws to attend a nonpublic school in or out-of-state or country  | <input type="checkbox"/> W25 Under the age of 6 as of Feb 1 of the current school yr. who withdraws  |
| <input type="checkbox"/> W05 Any student age 16 or older who leaves school voluntarily w/ no intention of returning and filed a formal declaration of intent to terminate school | <input type="checkbox"/> W26 Withdraws to enter the adult education program prior to completion of graduation requirements                       |
| <input type="checkbox"/> W15 KG-12 Withdrawn from school due to nonattendance after all F.S. procedures**  | <input type="checkbox"/> DNE KG-12 Expected to attend a school but didn't for unknown reasons & required efforts to locate per F.S. are followed |
| <input type="checkbox"/> Other W _____   | <i>Note: Additional withdrawal codes are in Appendix A of the FDOE Database Manual</i>   |

Period	Course / Teacher	First 9 Weeks	Second 9 Weeks	Semester Exam/Avg	Third 9 Weeks	Fourth 9 Weeks	Semester Exam/Avg	Final Average	Teacher's Initial	Books Returned
1 <sup>st</sup>										Y N
2 <sup>nd</sup>										Y N
3 <sup>rd</sup>										Y N
4 <sup>th</sup>										Y N
5 <sup>th</sup>										Y N
6 <sup>th</sup>										Y N
7 <sup>th</sup>										Y N

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 = Unsatisfactory

Media Center Specialist's Signature \_\_\_\_\_ Library Books Returned Yes No  
 Cafeteria Manager's Signature \_\_\_\_\_ Account Debt Cleared Yes No  
 Homeroom Teacher's Signature \_\_\_\_\_  
 Signature of School Personnel Assisting with Withdrawal \_\_\_\_\_

**In signing below, I am acknowledging that I am at least 16 years of age and this form will serve as my formal declaration of intent to terminate school enrollment.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Notification of Termination Method \_\_\_ Registered Mail \_\_\_ In Person

**I hereby grant permission of the above named student's complete records (to include psychological information) to be transferred to any new school of enrollment.**

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

The Walton County School District does not discriminate on the basis of race, color, national origin, gender, gender orientation, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities to the Boy Scouts and other patriotic youth groups, as required by the Boy Scouts of America Equal Access Act.

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