

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)

No person shall, on the basis of race, color, religion, gender, age, ethnicity, national origin, marital status, disability, political or religious beliefs be excluded from participating in, be denied the benefits of, or be subjected to discrimination under any education program or activity, or in any employment conditions or practices conducted by this School District, except as provided by law.