



# GLENWOOD ELEMENTARY SCHOOL

2 Prestwick Road, Chapel Hill, NC 27517 - Phone: 919-968-3473 – Fax: 919-969-2387

## Student Withdrawal Form

Student's Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

### Reason for Withdrawal:

- Transfer within the CHCCS school district
- Transfer to a Private School
- Transfer to another NC public school
- Transfer to another state
- Transfer out of Country – Name of Country \_\_\_\_\_
- Home School (Name/ID #) \_\_\_\_\_
- Other \_\_\_\_\_

Name of New School: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Special Services Received (IEP, 504, ESL, MTSS..)

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Records Sent: \_\_\_\_\_ Teacher \_\_\_\_\_

Certificate of Attendance Given: \_\_\_\_\_

Student ID: \_\_\_\_\_

Entry Date/Grade: \_\_\_\_\_