



11232 El Camino Real, San Diego, CA 92130 – Ph: (858) 755-9301- Fax: (858) 755-4361

Student Withdrawal Form

School: _____ Teacher: _____

Student’s Name: _____ Male Female

Date of Birth: _____ Grade: _____ Withdrawal Date: _____

Parent/Guardian Name: _____ Telephone: _____

Forwarding Address: _____
Please print clearly and include city, state and zip code.

Reason for Withdrawal:

- Transfer to Another San Diego County School
- Transfer to Private School
- Transfer to Another California School *Please enter name and address of new school below.*
- Transfer Out of State
- Transfer Out of the United States – Name of Country _____
- Home School
- Other _____

Name of New School: _____

School Address (if known): _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

- This student has an active IEP, and is receiving Special Education services.
- This student has a 504 Plan.

Parent/Guardian Signature _____ Date _____

Student educational records will be forwarded to the receiving school upon written request.

For Office Use Only:

Date Student Records Sent _____ Sent By _____