

## ANCHOR BAY SCHOOL DISTRICT ELEMENTARY STUDENT WITHDRAWAL FORM

This Withdrawal Form must be completed for every student exiting Anchor Bay School District. To ensure proper processing, please complete all applicable fields, and return to the school's Main Office.

Challest Nove				Contract		
Student Name:			Grade Level:			
Student Address				Date of Birth:		
Building Attended:						
Please check all that apply:	☐ English Language Services ☐ Schools of Choice					
Reason for Leaving:	Last Day of Attendance:					
New School:	New School District:					
Type of School: (e.g. public, priv.	New School District.					
(parochial, homeschool, rehab, virtu		City/State:				
Parent Signature:		Date:				
i dient signature.			Date.			
Notification method if no parent signature:						
Classroom Teacher:		Classroom Books Returned: ☐ Yes ☐ No				
School Fees: ☐ Yes ☐ No ☐ N/A		Library Books Returned: ☐ Yes ☐ No ☐ N/A				
Locker Cleaned Out:   Yes   No		Anchor Bay will not be responsible for any items left in your student's locker.				
OFFICE USE ONLY						
☐ Quick Lookup Printed	☐ Report Card Printed	$\ \square$ Student Transferred Out		ed Out	Exit Code:	
☐ FTE Removed	Date CA60 sent:					
Departments Notified:						
☐Teacher/s ☐Special Education		☐English Learner			□Transportation	
Other Information:						
Office Authorizing Signature:				Date:		