

SECONDARY SCHOOL TRANSFER/WITHDRAWAL FORM CHARLOTTE-MECKLENBURG SCHOOL SYSTEM

725118.1

Name _____
Last
First
Middle
Student ID
Grade

New Address _____

Date Registered _____ Days Present _____ Days Absent _____ Main Reason _____ Times Tardy _____

Withdrawing from _____ on _____
School
Date

Transferring to _____ on _____
School
Date

Reason for withdrawal _____

Locker Number _____ School Lock Returned Y/N _____ Date of Birth _____

Parking Permit Number _____ Returned Y/N _____ Signature _____

Sport(s) _____ Materials Returned _____
Currently Playing
Coach(es)

Fine Art(s) _____ Materials Returned _____
Activities beyond class
Advisor(s)

STUDENT: Follow the sequence below to complete this form. Working from the top down, get all signatures in the order presented (1-6) on this form. **RETURN** the completed form to the **REGISTRAR** for final release of records.

TEACHERS/STAFF: This student is withdrawing. Please sign in appropriate blank(s) and fill in the appropriate information needed. Please give a **current grade** as this will be needed immediately by the receiving school.

Subject	Academic Level	Q1 Numeric grade	Q2 Numeric grade	Exam S1 Numeric grade	Q3 Numeric grade	Present Grade Average	Last Yr Reading Test Scores	Last Yr Math Test Scores	Teacher Name	Teacher Initials	Books Returned?		Materials & Equipment Not Returned
											YES	NO	

1. _____
Parental Consent for withdrawal

2. _____
Administrator

3. _____
Assigned Counselor

4. _____
Media Center

5. _____
Financial Secretary

6. _____
Registrar

\$ _____ Financial Obligation

GRADING SCALE

A - 90-100

B - 80-89

C - 70-79

D - 60-69

F - 0-59