



# LOUDOUN COUNTY PUBLIC SCHOOLS SECONDARY STUDENT WITHDRAWAL / TRANSFER FORM

RT-16

Name of School: Eagle Ridge Middle School Date: \_\_\_\_\_  
Address of School: 42901 Waxpool Road Ashburn, VA  
Phone Number: 571-252-2140 Fax Number: 703-779-8977

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student ID#: \_\_\_\_\_ Days Present: \_\_\_\_\_ Absent: \_\_\_\_\_  
(DURING CURRENT SCHOOL YEAR)

**Reason for Withdrawal:** \_\_\_\_\_  
**Withdrawal Authorized by:**  
\*\*\*\* Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Principal or School Designee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Actual Withdrawal Date: \_\_\_\_\_  
Withdrawal Code: \_\_\_\_\_  
**Withdrawal to:**  
Public School \_\_\_\_\_ IN or \_\_\_\_\_ OUT of County  
Private School \_\_\_\_\_ IN or \_\_\_\_\_ OUT of State  
State Operated Facility \_\_\_\_\_ IN or \_\_\_\_\_ OUT of Country  
**Receiving School Information:**  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Special Notes: \_\_\_\_\_  
Student's Forwarding Address: (if known) \_\_\_\_\_

**Transfer Grades:** GRADING A+ 100-98 B+ 92-90 C+ 84-82 D+ 76-74 F 69 and below  
SCALE A 97-93 B 89-85 C 81-77 D 73-70  
**LOCKER #:** \_\_\_\_\_

| Period | Course / Teacher Name | Numerical/<br>Letter Grade<br>to Date | Textbook Returned<br>(Circle YES or NO)<br>List amount owed if NO | Teacher's Signature |
|--------|-----------------------|---------------------------------------|---|---------------------|
| 1      |                       | /                                     | YES / NO \$   |                     |
| 2      |                       | /                                     | YES / NO \$   |                     |
| 3      |                       | /                                     | YES / NO \$   |                     |
| 4      |                       | /                                     | YES / NO \$   |                     |
| 5      |                       | /                                     | YES / NO \$   |                     |
| 6      |                       | /                                     | YES / NO \$   |                     |
| 7      |                       | /                                     | YES / NO \$   |                     |
| 8      |                       | /                                     | YES / NO \$   |                     |

**CHECK LIST: Please have school staff member initial appropriate space below:**

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Attendance Secretary | <input type="checkbox"/> Library                 | <input checked="" type="checkbox"/> Main Office    |
| <input checked="" type="checkbox"/> Cafeteria            | <input type="checkbox"/> Parking Permit Returned | <input type="checkbox"/> Bookkeeper, if money owed |
| <input checked="" type="checkbox"/> Clinic               | <input type="checkbox"/> P.E. Department         | <input type="checkbox"/> Amount Due \$             |
| <input type="checkbox"/> Guidance                        | <input checked="" type="checkbox"/> TRT          | <input type="checkbox"/> Amount Paid \$            |

\*\*\*\*PLEASE NOTE: UPON REQUEST the receiving school will be forwarded records, including standardized test scores, immunization records, transcript of grades, withdrawal grades, attendance information and, if applicable, disciplinary record and IEP, including the educational evaluation, psychological evaluation, and the eligibility report.

**THIS FORM IS NOT AN OFFICIAL TRANSCRIPT** \_\_\_\_\_ Date records sent to receiving school  
\_\_\_\_\_  
Signature of staff member sending records