

## LOUDOUN COUNTY PUBLIC SCHOOLS

		SECONDARY S	SECONDARY STUDENT WITHDRAWAL / TRANSFER FORM of School:Date:			
<b>EX.</b> 23	<i>)</i> Na	ame of School:				
Olished in W	A	ddress of School:				
	PI	hone:	Fax:			
Student Name: Student ID#:		Days Present: A		Grade:		
				Absent: (DURING CURRENT SCHOOL YEA	.R)	
					(20111112 0011112111 0011002 12)	,
leason f	for Withdi	rawal:				
Vithdrav	wal Autho	rized by:				
****	* Parent or 0	Guardian Signature	Date	Actual Wi	thdrawal Date:	
				Withdrawa	al Code:	
	Principal or	School Designee Signature	Date	Data With	duarral	
Withdrawal to:				Date With	drawai nto Phoenix:	
ritiiaiav	wai to.	Public School		IN or	OUT of	
		Private School		IN or	OUT of	
		State Operated Facility		IN or	OUT of	Country
eceivin	ng School	Information:				
ame:			Phone:		Fax:	
ddress	:				-	
	Person:			Special Notes:		
tudent'	s Forward	ding Address: (if known)				
Transfe	r Grades:	GRADING A+ 98-100	<b>B+</b> 87-89	<b>C+</b> 77-79 <b>D+</b> 67-69	1.001/	ED "
	e 2009-10	SCALE A 93-97 A- 90-92	<b>B</b> 83-86 <b>B-</b> 80-82	<b>C</b> 73-76 <b>D</b> 63-66 <b>C</b> - 70-72 <b>D</b> - 60-62	F 0-59 LOCK	ER #:
		77 00 02	Numerical	Textbook Returned		
Period	Cou	ırse / Teacher Name	Grade	(Circle YES or NO)	Teacher's Si	gnature
	+		To Date	List amount owed if NO		
1			+	YES/NO \$		
2				YES/NO \$		
3				YES/NO \$		
4				YES/NO \$		
5				YES/NO \$		
6				YES/NO \$		
7				YES/NO \$		
8				YES/NO \$		
HECK	<u>LIST</u> : Ple	ease have school staff n	nember initial			-1
		Attendance Secretary Cafeteria		Library Parking Permit Returned	Athletic Dire	ector
		Clinic		P.E. Department		, if money owed
		Counseling		Technology Assistant	Amount Due	
		_		. 0,	Amount Pai	d \$
***PLE <i>A</i>	ASE NOTE	E: UPON REQUEST the r	receiving schoo	ol will be forwarded reco	rds. including standar	dized test
		on records, transcript of g	_		<del>-</del>	
		nd IEP, including the educ		_		
-	-	the current grade and may			<del>-</del>	-
TLIE	FORM IS	NOT		Date records sent to	receiving school	
CITI	I-OKIVI 13					

AN OFFICIAL TRANSCRIPT Signature of staff member sending records Revised 9-18