

**LOUDOUN COUNTY PUBLIC SCHOOLS
ELEMENTARY STUDENT WITHDRAWAL / TRANSFER FORM**

School Name: _____ Date: _____

School Address: _____

School Phone: _____ School Fax: _____

I am withdrawing my child, _____, birth date _____,
(Child's Name—PLEASE PRINT)
as of _____, for the following reason: _____
(Actual Withdrawal Date)

My child will be attending _____
(Name of Receiving School—PLEASE PRINT)

Address: _____

Phone #: _____ Fax #: _____

Student's forwarding address: _____

(Parent Name—PLEASE PRINT) (Date) (Parent Signature) (Date)

(Principal Signature) (Date)

******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.**

FOR SCHOOL USE ONLY:		Student ID#: _____
Student Withdrawing to:	Receiving School is:	
____ Public School	___ IN or ___ OUT of County	___ Records sent
____ Private School	___ IN or ___ OUT of State	___ Date sent
____ State Operated Facility	___ IN or ___ OUT of Country	___ Initials of staff
____ Home School		
____ Other		