



STUDENT WITHDRAWAL FORM

Student Name (Last)	
Student Name (First)	
Grade	Student ID#
Sponsor Teacher	
Withdrawal Date	Enrollment Date

To what school or state is the student transferring: _____

Please initial the following to complete the withdrawal process:

- I understand that if I re-enroll with FCPS I am subject to the same procedures a new FPCS student would be required to follow.
- I understand I am responsible for all expenses FPCS incurred for the purchase of curriculum or teacher time on behalf of my child prior to this date for which FPCS did not receive reimbursement from the State of Alaska.
- I understand that I am to return not only requisitioned/reimbursement items to FPCS, but also that I am to return in good condition any items borrowed from the Resource area library.
- I understand that my sponsor teacher will be required to provide grades-to-date for all ILPs and that those grades will be sent to my student's new school to be recorded.
- I understand that if I cannot substantiate grades to date for each ILP "Fs" will be recorded as grades and sent to my student's new school.

OFFICE USE ONLY

- Print Withdrawal Checklist from Q
- W/D from Q on Date:
- W/D from OLS
- W/D from Google e-mail: Yes ___ No ___ (Do not w/d if siblings enrolled)
- Add to Google Withdrawal Doc
- Delete from Google Enrollment Doc
- Grades-to-date from Sponsor Teacher Yes ___ No ___
- Grades in Q Date: _____
- Outstanding Reimbursements (before count date only):
- CUM folder filed in the 'INACTIVE' filing cabinets