

HALIFAX COUNTY PUBLIC SCHOOLS Halifax, North Carolina 27839

SCHOOL WITHDRAWL AND TRANSFER FORM

Science Math Social Studies / History Physical Education / Health Elective Elective Elective HOMEROOM TEACHER: Clearing must include all fees, books, etc. Please record grades at time of withdrawal in cumulative folder (folder must be brought up to date in regards to withdrawal information, grades days in attendance, etc.) This student has met N.C. Immunization	STUDENT ID NO			Withdrawal Code				
Last Name of Pupil First Middle Name of Parent, Guardian	Name of School			rcie One l	Number - W	71 W2 W3	W4	
Date of Entry Date of Withdrawal Days Present Days Absent Name of New School	Address	City	Sta	ate	Zip	Phone No.		
Date of Entry	Last Name of Pupil	First	Middle		Name of	f Parent, Guardia	n	
CLEARANCES	Sex Gra	de Age	Da	ite of Birt	h Signatur	e Authorizing Tr	ransfer Request	
Special Programs (Circle Ones Which Apply) EC AIG ESL Exceptional Children's Program Please write in program Please write in program Peess Cleared Yes No All Books Returned Office CLASSROOM PLACEMENT INFORMATION SUBJECT ANY GRADE AT TEACHER COMMENTS WITHDRAWAL English / Reading Spelling Science Math Social Studies / History Physical Education / Health Elective Elective Elective Elective Elective HOMEROOM TEACHER: Clearing must include all fees, books, etc. Please record grades at time of withdrawal in cumulative folder (folder must be brought up to date in regards to withdrawal information, grades days in attendance, etc.) This student has met N.C. Immunization Requirement for admission to school Office Use Only (file Copy) Date Copy Records Sent Copy Records Sent Peess No School File Carrier's Name Policy #	Date of Entry Date	ate of Withdrawal	Days Pr	esent	Days Absent	Name of Ne	w School	
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