



HALIFAX COUNTY PUBLIC SCHOOLS
Halifax, North Carolina 27839
SCHOOL WITHDRAWAL AND TRANSFER FORM

STUDENT ID NO. _____ Withdrawal Code
Circle One Number - W1 W2 W3 W4

Name of School _____

Address _____ City _____ State _____ Zip _____ Phone No. _____

Last Name of Pupil First Middle Name of Parent, Guardian

Sex Grade Age Date of Birth Signature Authorizing Transfer Request

Date of Entry Date of Withdrawal Days Present Days Absent Name of New School

New School Address City State Zip

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CLEARANCES

Special Programs (Circle Ones Which Apply) EC AIG ESL

Exceptional Children's Program _____
Please write in program Fees Cleared
Yes No _____

Homeroom Teacher Library Cafeteria All Books Returned Office

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CLASSROOM PLACEMENT INFORMATION

SUBJECT	ANY GRADE AT TIME OF WITHDRAWAL	TEACHER COMMENTS
English / Reading		
Spelling		
Science		
Math		
Social Studies / History		
Physical Education / Health		
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.)

Office Use Only (file Copy) Date Copy Records Sent _____ Copy Records Sent By _____ Request Received on _____

This student has met N.C. Immunization Requirement for admission to school

Yes _____ No _____

C: Copy to Parent, Guardian
Copy for Cumulative Folder
Copy for School File

SCHOOL ACCIDENT INSURANCE INFORMATION	
Carrier's Name _____	Policy # _____
Data Sheet # _____	Date Student Enrolled _____