



WITHDRAWAL/TRANSFER FORM
Lewin G. Joel, Jr. & Jared Eliot

Lewin G. Joel, Jr. Jared Eliot

Date _____

Student Name _____ Grade _____

The above student is withdrawing effective _____

Transferring to: _____
(Name of new school or district)

(Address of new school or district)

SUBJECT	GRADE TO DATE	TEACHER	MATERIALS RETURNED/MISSING
English/Language Arts			
Social Studies			
Mathematics			
Science			
Reading			
World Language			
Unified Arts			
Health			
Physical Education			
Library			
Nurse			
Other			

Comments:

Parent/Guardian Signature

Date

Return form to: _____ By: _____