

Laurens County School District - Student Withdrawal Notice

Student Name: _____

Birthdate: _____ Grade: _____

Date entered this semester: _____

Date of Withdrawal: _____

Reason for Withdrawal: _____

9th Grade enrollment date: _____

Information for Withdrawing Laurens County School

School Name: _____

Address: _____

Telephone #: _____ Fax #: _____

Information for New Enrolling School

School Name: _____

Address: _____

Telephone #: _____ Fax #: _____

	Course Name	Days Absent	Grades Earned	Teacher' Signature	Books Returned
1.)					
2.)					
3.)					
4.)					
5.)					
6.)					
7.)					

Library Clearance:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lunchroom Clearance:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Office Clearance:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Counselor/Registrar's Signature Date

Parent/Guardian's Signature Date

OFFICIAL TRANSCRIPT WILL BE SENT UPON REQUEST
(Please see withdrawing school contact information above)