



# Bessemer City School District

1621-5<sup>th</sup> Avenue North Bessemer, AL 35020

Phone #: (205) 432-3000

Fax #: (205) 432-3048

## STUDENT WITHDRAWAL FORM

School: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

SSID #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

### Reason for Withdrawal: (Please mark one that applies and list new School name)

- Transfer to another Bessemer City Schools- Elementary School \_\_\_\_\_
- Transfer to another Alabama School \_\_\_\_\_
- Transfer to a Private School \_\_\_\_\_
- Home School \_\_\_\_\_
- Church School \_\_\_\_\_
- Transfer Out of State \_\_\_\_\_
- Transfer Out of the United States-Name of Country \_\_\_\_\_
- Other ex. Virtual/Online \_\_\_\_\_

School Transferring to: \_\_\_\_\_

City _____	State _____	Zip Code _____
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### Signatures for Clearance Verification (Where Applicable)

Library: \_\_\_\_\_ Finance: \_\_\_\_\_

Nurse: \_\_\_\_\_ Athletic Dept: \_\_\_\_\_

Cafeteria: \_\_\_\_\_ Laptop returned: \_\_\_\_\_

- Student has an active IEP, and is receiving Special Education Services.
- Student has a 504 Plan.
- ESL (English as Second Language)
- Completed EXIT Interview (If applicable) Date: \_\_\_\_\_ Initials of Interviewer: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Student official educational records will be forwarded to the receiving school upon written request.

Date Student Records sent: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sent by: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_