



Mobile County Public School System

P.O. Box 180069 ■ Mobile, AL 36618 ■ www.mcpss.com

STUDENT WITHDRAWAL INFORMATION FORM

Student's Last Name			Student's First Name			Student's Middle Name									
Grade		Age		Date of Birth		Date of Withdrawal									
Reason for Withdrawal: <input type="checkbox"/> Moving/Relocation <input type="checkbox"/> Loss of Housing <input type="checkbox"/> Relocation due to natural disaster <input type="checkbox"/> Unaccompanied Youth Other Reason(s): _____															
Year as First Time 9th Grade: __ Nearest Relative Not Living With You: _____ Phone: _____															
School Withdrawing From				School Withdrawing To											
School's Address				School's Address (if not in MCPSS)											
City		State		Zip Code		City		State		Zip Code					
Telephone Number				Fax Number				Telephone Number				Fax Number			
Print Name of Parent/Guardian Withdrawing Student						Parent/Guardian's Signature									
***** OFFICIAL USE ONLY ***** REASON FOR WITHDRAWAL *****															
WA1 W/I Sys-Public/Home			WBI-Trans W/I State-Pub			WA2-W/I Sys-Priv/Home			WB2-Trans W/I State-Priv						
WA3-W/I Sys-Chur/Home			WB3-W/I State-Chur/Home			WCI-Trans Out-of-State			WEI-Elem Reason Unknown						
WD2-Deceased			WD4-Youth Service			WD5-Special Services			WD6-Expulsion						
STATE DROPOUT CODES FOR STUDENTS SEVENTEEN YEARS OLD AND OLDER															
D01-Failed High School Exam			D02-Academic Difficulties			D03-Marriage			D04-Pregnancy						
D05-Employment			D06-Physical Illness			D07-Language Difficulties			D08-Dislike of the School						
D09-Needed at Home			D10-Parental Influence			D11-Student/Staff Relation			D12-Relationship with Female						
D13-Enter Military Service			D14-Behavior Problems			D15-Other Known Reasons			D16-Reason Unknown						
Clearances: Hot Spot: Yes No ~ Laptop/Device: Yes No ~ Gym Locker: Yes No ~ Library: Yes No															
Registrar/Clerk must give parent/guardian the following upon withdrawal:															
1) Copy of Mr. Mixon's Letter 2) Copy of this form 3) Original Immunization Card (if student is leaving the MCPSS)															
Period	Subject	Grades Upon Withdrawal			Books Cleared	Teacher									
		Letter	Number	Conduct											
1st															
2nd															
3rd															
4th															
5th															
6th															
7th															
Graduation Cohort (Office Use) _____ Registrar's E-Mail _____															
Signature of Registrar or Appropriate Staff Member: _____															
File a copy of this form in student's Cumulative Folder and scan copy to Docushare.															