

**WITHDRAWAL FORM**

(please fill out a form for each child)

Student's Name: _____ ID#: _____

Building: ☐ Elementary School ☐ Middle School ☐ High School Grade: _____Address of New Residence: _____
_____Name, State & Country of New School: _____

I give permission for my child to withdraw from Fairfield Area School District. My signature is authorization and consent to send any necessary records to the school in which my child will be enrolling. I understand that Fairfield Area School District must comply with compulsory school attendance laws and no student can be withdrawn until enrollment verification from another educating institution is received.

Parent Signature: _____ Date: _____

-----School Office Use Only-----

☐ Notification in Person ☐ Notification by Phone ☐ Notification by Note ☐ Notification from enrolling school**STATE WITHDRAWAL CODES (refer to PIMS Manual APPENDIX E)**

WD01	Left without transferring or dropped out	WD06	Student is deceased
WD02	Transferred to another public LEA or Cyber	WD09	Enrolled but did not show
WD03	Transferred to a private, non-public, or out of state/country school or homeschool	WD11	Change in program, grade, residency status, etc. but stays in same school within the same school year
WD04	Fulfilled graduation requirements or GED	WD12	Change in program, grade, residency status, etc. resulting in a change in school within the same school year

DROP OUT DATA (Circle only one) - High School Students only

A Academic problems	C Child, married or pregnancy	E Runaway or expelled	O Other
B Behavior problems	D Disliked school	F Wanted to work	

PLANNED POST-DROPOUT ACTIVITY (Circle only one)

120 Homemaker	140 White collar worker	160 Service Worker	180 Other
130 Military	150 Blue collar worker	170 Unemployed	

FASD Withdrawal Date _____ **New School Enrollment Date** _____**Administrator Signature** _____ **Date** _____