

Rea View Elementary School  
**WITHDRAWAL NOTICE**



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Is your child currently in any of the following programs at Rea View:

Exceptional Children	<input type="checkbox"/> Yes <input type="checkbox"/> No
ESL	<input type="checkbox"/> Yes <input type="checkbox"/> No
AIG	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Transfer Information**

New School Enrollment Date: \_\_\_\_\_

Transfer to (New School Name): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Is this school:  **Public**     **Private**     **Charter**     **Homeschool**

Forwarding Home Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

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**For School Use Only**

Student ID #: \_\_\_\_\_

Withdrawal Code: \_\_\_\_\_

Teacher Release:                      Books Returned:  Yes  No                      Chrome Book Returned:  Yes  No

Media Center Release:                      Books Returned:  Yes  No                      Fees Owed: \_\_\_\_\_

Cafeteria Release:                      Balance Owed: \_\_\_\_\_                      Balance Due to Student: \_\_\_\_\_

Health Room Release:                      Medication(s) to be picked up by parent:  Yes