

Alder Grove Charter School - 2
Student Withdrawal Form
 (Due within 24 hours of student withdrawing)

Last Name: _____ First Name: _____ Grade: _____

Reason for Withdrawal: _____ New School Name: _____

Withdrawal Date: _____ (last day of enrollment indicated by "w" on attendance form)

Onsite Teachers Notified of Withdrawal: Yes N/A

Special Ed or 504: Yes No

IF GRADUATE:

All Graduation Requirements Met: Yes No

UC/CSU requirements met: Yes No

WITHDRAWAL GRADES

(Credits must be added to OASIS for high school students)

COURSE TITLE <small>(Courses listed must match the Master Agreement and all Addendums)</small>	Academic Mark	Credits on Master Agreement <small>all Addendums</small>	Credits Completed <small>(Grades 9-12 only)</small>
TOTAL CREDITS EARNED →			

I certify that the courses and credits listed above have been checked against the Master Agreement and attendance days:

Teacher Signature _____ Date: _____

Office Use Only: APTA Drop: _____ OASIS Drop: _____ CALPADS Drop: _____
 District Letter Sent: _____ Payroll Drop: _____