Alder Grove Charter School Withdrawal Form

Student Legal Name (last, first):				
Student Preferred name (last, first):				
Student Grade:	SPED/50	04: Yes No		
Withdrawal Date:	(last day of en	rollment indicated by	"W" on attendance f	orm)
Reason for Withdrawal (circle one):	Graduated	CA Public School	Private School	Private Homeschool
Moved Out of CA Moved Out of Co	untry	Medical Reason	Other/Unknown	AAIM Meeting Result
Onsite Classes: Yes No	Onsite Class Dro	op Form Submitted:	Yes No	

Withdrawal Grades (Credits / Grades must be added to OASIS for grades 7-12):

COURSE TITLE (Courses listed must match the Master Agreement and all Addendums)	Academic Mark	Credits Completed (Grades 9-12 only)
TOTAL CREDITS EARNI		

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

Teacher Signature:				C	Date:				
Office Use Only:									
MIP Drop:	OASIS Drop:		CALPADS Drop:	Pa	_ Payroll Drop:				
Payroll Drop Director Confirm	mation:	District L	etter Sent:	VIA:	Fax	Email	USPS		
District Letter Not Sent Records Request Received from Next School:									