



Gull Lake Community Schools

Gull Lake Partnership

PH: 269-548-3433 FX: 269-660-3110

**STUDENT WITHDRAWAL FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_ Female \_\_

Date of Birth \_\_\_\_\_

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

Transferring to \_\_\_\_\_ School Year \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator  
Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

\_\_\_\_\_ Student ID Number

\_\_\_\_\_ Copy sent to Special Education Office (if applicable)

\_\_\_\_\_ Printed Transcript-Immunizations-Attendance-Discipline

\_\_\_\_\_ CA-60 mailed \_\_\_\_\_

(date)