



Gull Lake Community Schools

Gull Lake Virtual Partnership

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

STUDENT WITHDRAWAL FORM

Student Name _____ Grade _____ Male ___ Female ___

Date of Birth _____

Date Withdrawal is effective _____ Reason for Withdrawal _____

Continuing with Homeschools (✓ is applicable)

OR

Transferring to _____

Parent/Guardian Signature _____ Date _____

Administrator
Signature: _____ Title _____ Date _____

PARTNERSHIP USE ONLY

- _____ Deactivate Student in Student 6 Joomla # _____
- _____ Contact Teacher of Record (deactivate Moodle) / Mentor
- _____ Deactivate Student in Joomla Acct
- _____ Remove Student number from parent Joomla Acct
- _____ Deactivate Parent Joomla acct (if needed)
- _____ File copy of "Student Withdraw Form" in student folder
- _____ File student folder in inactive file drawer
- _____ Send "Student Withdraw Form" to Administration

OFFICE USE ONLY

- _____ Student ID Number
- _____ Copy sent to Special Education Office (if applicable)
- _____ Printed Transcript-Immunizations-Attendance-Discipline
- _____ CA-60 mailed

(Date)