

**Los Alamos Public Schools
Elementary Student Withdrawal Form**

Student Name _____ Date _____
Student Birthdate _____ Student ID# _____
Current Grade _____ Last Day of School _____
Reason for Leaving: _____

Current Placement:

Reading	
Spelling	
Math	
Science	
Social Studies	

Special Services currently being received: _____

All classroom texts/materials have been returned: Yes No _____
Teacher Initial

All library materials have been returned: Yes No _____
Librarian Init

Immunization record attached: _____
Nurse Initial

Parent Signature

Principal's Signature

After this form is complete, please xerox a copy for the departing student to take to the new school. The original remains in the LAPS school student folder.