



Florida Agricultural and Mechanical University

Tallahassee, Florida 32307-3100

Excellence with Caring

DEVELOPMENTAL RESEARCH SCHOOL
400 W. ORANGE AVENUE

TELEPHONE: (850) 412-5930
FAX: (850) 412-5895

STUDENT WITHDRAWAL FORM

Name: _____ Grade: _____

Student Number: _____ W/D Code: _____

Date of Withdrawal: _____ Birth Date: _____

STUDENT REASONS FOR LEAVING:

- transfer to a school within school zone
- moving out of area/state
- drop out
- absent 15 consecutive days; expected to re enter
- Other (please identify) _____
- transfer to a private school
- home school
- Health/Illness

Transferred to _____

Parent/Guardian: _____

Home Number: _____ Work Number: _____

Signature of Parent/Guardian: _____

STUDENT: CHECK OUT WITH EACH TEACHER AND RETURN ALL TEXTBOOKS

| Period | Subject | Teacher | Books (Y/N) | Cost of books | W/D Grade | Teacher's Signature |
|--------|---------|---------|-------------|---------------|-----------|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

FOR OFFICE USE ONLY:

Date Entered: _____ Date Withdrawn: _____

Admissions/Registrar Signature: _____ Date: _____

Signature(s) on this form represents all grades are final and all debts are clear. Student is clear to withdraw.