

POCATELLO/CHUBBUCK SCHOOL DISTRICT NO. 25
 3115 Pole Line Road
 Pocatello, ID 83201
 (208) 232-3563, Fax (208) 235-3280

Student Withdrawal Form – Middle School

School: _____

Student's Name: _____ Date: _____

Date of Birth: _____ Sex: _____ Year in School: _____ Phone: _____

School Transferring To: _____

Parent Signature: _____

Reason for Withdrawing: _____

Attendance: _____ Counselor: _____

Media Center: _____ Cafeteria: _____

Homeroom: _____ Locker #: _____ Combination: _____

Period	Subject	Teacher	Room	Teacher's Signature	Grade	Abs.
1 st						
2 nd						
3 rd						
4 th						
5 th						
6 th						
7 th						
8 th						

For Office Use Only Student # _____
 Computer _____

