

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

**Student Withdrawal Form - Elementary**

Withdrawal Form to be presented at time of enrollment at new school. Further permanent record information on this student may be obtained by sending a signed release statement to the above named school.

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Days Absent: \_\_\_\_\_ Days Tardy: \_\_\_\_\_

**Textbook Information:**

Reading Series: \_\_\_\_\_ Page # \_\_\_\_\_ Math Series: \_\_\_\_\_ Page # \_\_\_\_\_  
Spelling Series: \_\_\_\_\_ Page # \_\_\_\_\_ Library Clearance: Yes / No – please circle one

**Current Grades and Levels:**

Reading \_\_\_\_\_ English \_\_\_\_\_ Social Studies \_\_\_\_\_ Science \_\_\_\_\_  
Arithmetic \_\_\_\_\_ Spelling \_\_\_\_\_ Handwriting \_\_\_\_\_ A.R. Level \_\_\_\_\_

**ISAT Scores:**

Math: \_\_\_\_\_ Language: \_\_\_\_\_ Reading: \_\_\_\_\_

**IRI Scores:**

Math: \_\_\_\_\_ Language: \_\_\_\_\_ Reading: \_\_\_\_\_

**Special Requirements:**

- Resource       Gifted and Talented       ESL       Speech  
 Counselor       504       Birth Certificate  
 Medications: \_\_\_\_\_       Immunizations Complete

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

*I request my child's records be sent to a transferring school:*      Yes \_\_\_\_\_ No \_\_\_\_\_

Identification of Transferring School: \_\_\_\_\_

Date Records Transmitted : \_\_\_\_\_ Identification of Sender: \_\_\_\_\_

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Parent/Guardian's Forwarding Address and Phone Number:

Street/Mailing Address

City

State

Zip Code

Phone Number

(If parent/guardian requests a release of records, parent/guardian is to complete a Request for Authorization of Release of Student Records form. If special education services are involved, this withdrawal form must be treated as a confidential record.)

Copies: Principal, Parent/Guardian, Cumulative