

BONNEVILLE

JOINT SCHOOL DISTRICT NO. 93

"Achieving Each Individual's Highest Potential"

3497 North Ammon Road, Idaho Falls, Idaho, 83401 ♦ (208)525-4400 ♦ Fax (208) 529-0104 ♦ www.d93.k12.id.us

SCHOOL _____ PHONE _____ FAX _____

ELEMENTARY PUPIL TRANSFER-WITHDRAWAL DATA

STUDENT NAME _____ TODAY'S DATE _____

DISTRICT ID # _____ BIRTH DATE _____ ASSIGNED GRADE _____

PARENT OR GUARDIAN _____

INITIAL ENROLLMENT DATE _____ WITHDRAWAL DATE _____

NEW SCHOOL (IF KNOWN) _____ ADDRESS _____

REASON FOR WITHDRAWAL AND/OR GENERAL COMMENTS: _____

AS APPLICABLE LIST MAJOR PROGRAM USED	PERFORMANCE		
	Below Grade Level	At Grade Level	Above Grade Level
Reading			
English			
Spelling			
Math			
Social Studies			
Science/Health			
Writing			
P. E.			
Library Books checked In	Yes	No	
Textbooks Checked In	Yes	No	
Lunch \$ Due	Yes	No	
Lunch \$ Refund	Yes	No	

AT TIME OF WITHDRAWAL THIS CHILD:	
A. Qualified for Speech therapy	No Yes
B. Was in Title 1 Program	No Yes
C. Was in Special Education	No Yes
Type _____	
D. Was in Migrant ED/ESL Program	No Yes
E. Took Prescribed Medication at School	No Yes
F. Had Health Condition	No Yes
If yes, explain briefly _____	

G. Had Immunization Clearance	No Yes
H. Birth Certificate	No Yes

ATTENDANCE DATA: # of Days Present _____ # of Days absent _____

COMMENTS: _____

 Teacher's Signature

 Principal's Signature

 Parent/Guardian's Signature