



# Official Notice of Pupil Withdrawal

Student Information				
1. Student's Legal Last Name		2. Student's Legal First Name		3. Middle Name
5. State Student ID	6. School Student ID	7. Grade Level	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Date of Birth (mm/dd/yyyy) / /
<b>10a. Primary Withdrawal Type</b>  Select the following that best describes why the student is withdrawing from school: <input type="checkbox"/> WD Demoted to the previous grade level during the current school year <input type="checkbox"/> WK Transferred to another calendar track within the same school <input type="checkbox"/> WP Promoted to the next grade level during the current school year <input type="checkbox"/> W1/S1 Transferred to another school <b>in state</b> <input type="checkbox"/> S99 Student transferred to another school <b>within this district</b> during summer <input type="checkbox"/> W21/S21 Transferred to attend school <b>out of state</b> <input type="checkbox"/> W2 Withdrawal due to chronic illness <input type="checkbox"/> W3 Expelled or long-term suspension <input type="checkbox"/> W4/S4 Attendance record showing 10 consecutive days of unexcused absence or status unknown <input type="checkbox"/> W5/S5 Dropout - no intention of completing necessary requirements for diploma <input type="checkbox"/> W6/S6 Age out (Older than 22 years of age) <input type="checkbox"/> W7/S7 Met all high school graduation requirements and awarded diploma <input type="checkbox"/> W15 Met all requirements for Grand Canyon Diploma and awarded diploma <input type="checkbox"/> W8/S8 Deceased <input type="checkbox"/> W9/S9 Transfer to be home taught <input type="checkbox"/> W10/S10 Transferred to a state detention or correctional facility <input type="checkbox"/> W11/S11 Withdrawal to obtain GED <input type="checkbox"/> W12/S12 Transfer to vocational or technical school which does not award HS diploma <input type="checkbox"/> W17 Received GCD; no longer enrolled full-time in AZ public university <input type="checkbox"/> W18 Received GCD; no longer enrolled full-time in AZ community college <input type="checkbox"/> W14 Met all requirements but not awarded GCD; continuing in high school <input type="checkbox"/> W19/S19 Eligible for GCD; student is no longer enrolled in a full-time CTE program <input type="checkbox"/> W20 Awarded GCD; post GCD participation unknown or ineligible			<b>10b. Additional Withdrawal Reason</b>  <b>(Optional)</b> Select one of the following only if applicable:  <input type="checkbox"/> WR1 School identified for Federal School Improvement <sup>1</sup> <input type="checkbox"/> WR2 School identified as persistently dangerous <sup>1</sup> <input type="checkbox"/> WR3 Individual Transfer Option (victim of a violent criminal offense) <sup>1</sup> <input type="checkbox"/> WR4 Pregnancy / Biological Parent of a Child <sup>2</sup>  <sup>1</sup> In accordance with No Child Left Behind and State Board of Education Policy <sup>2</sup> In accordance with <a href="#">A.R.S. §15-1042(H)</a>  <i>Note for WR1 and WR2</i> <i>If a school does not have this designation, or if a student transfers to another school with the same designation, then this withdrawal reason is invalid</i>	
11a. Data in SMS Added by: (initials)		11b. Date Added (mm/dd/yyyy) / /		11c. Last Day of Attendance or Summer Withdrawal Date (mm/dd/yyyy) / /
12. Parent/Guardian Signature		13. Student Signature (if applicable)		14. Date (mm/dd/yyyy) / /
<b>Information is certified correct according to School records</b>				
15. School	16. District /Charter# (CTD)	17. School # (S)	18. Withdrawal Code (based on 10a.)	
19. School Official Signature			20. Date (mm/dd/yyyy) / /	
Note: If parent or guardian is unable to sign this form, the school district should indicate the reason the signature was not obtainable.				
<b>21. SPED<sup>i</sup></b> Check all that apply. <input type="checkbox"/> A <input type="checkbox"/> HI <input type="checkbox"/> MOID <input type="checkbox"/> PSD <sup>ii</sup> <input type="checkbox"/> SLI <input type="checkbox"/> DD <input type="checkbox"/> MD/MDSSI <input type="checkbox"/> OHI <input type="checkbox"/> SID <input type="checkbox"/> TBI <input type="checkbox"/> ED/EDP <input type="checkbox"/> MIID <input type="checkbox"/> OI <input type="checkbox"/> SLD <input type="checkbox"/> VI				
<b>22. ELL</b>				
AZELLA Information		ELL Program Information		
Most Recent Assessment Date (mm/dd/yyyy) / /		Was student receiving ELL services in the current fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Most Recent Overall Proficiency Level _____		If yes, program type (SEI type, ILLP, Bilingual): _____		
		Was student withdrawn from ELL Service in the current fiscal year		
		by parent request? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		due to IEP team decision? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If your district/charter administered an AZELLA test to this student, please attach a copy of the student's most recent AZELLA Student Report.				