

Rescue Union School District

Lake Forest Elementary School

2240 Salsbury Dr.

El Dorado Hills, CA 95762

916-933-0652 FAX 916-933-0654

Student Withdrawal Form

Parent/Guardian

My child _____ will withdraw from Lake Forest School

(Name)

on _____ He/she will be attending _____.

(Date)

(Name of new school)

Forwarding Address _____

I understand that my child will be removed from the Lake Forest School roll and his/her spot will be filled or potentially filled by another student. I understand that all library books, textbooks, and class materials must be returned and any applicable fees paid, including lunch accounts.

Signature of Parent/Guardian

Date

Office

Teacher Informed? Yes No

Librarian informed? Yes No

Learning Center informed? Yes No

District Special Services informed? Yes No

Signature of Registrar

Teacher

Student in RSP? Yes No

Student in Speech? Yes No

Student in Academic Intervention? Yes No

Student in GATE? Yes No

Textbooks/class materials returned? Yes No

(Textbooks/Materials due)

Signature of Teacher

Librarian

Library books due Yes No

(Name of book)

\$ _____
(Amount owed)

Signature of Librarian