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 Textbooks Checked In Lunch $ Due Lunch $ Refund	Yes Yes Yes Yes	No No No 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