## **Special Education Withdrawal Form**

Student Name	
Student ID	
Date of Birth	
Grade Level	
School	
Parent/Guardian Name	
Parent/Guardian Contact Information	
Withdrawal Details	
Date of Withdrawal	
Reason for Withdrawal	
New School/Placement (if known)	
Additional Comments	
Parant/Cuardian Signature	
Parent/Guardian Signature	

Date

School Official Signatu	re		
Date			