



Student Withdrawal Request

Enrollment Center Use Only	
Student ID	_____
State ID	_____
Cohort year if high school	_____

Student Last Name _____ First Name _____

School withdrawing from _____ Grade _____

Last day student attended this school _____ Date of Birth _____

Withdrawal Reason: (please circle one)

Change of Address	Magnet/Charter/Optional School Acceptance
Expectations Not Met	Safety Concerns Transportation Discipline
Not on Track to Graduate	Other: _____

Transferring to: (please circle one)

Another MNPS School	Private School	Virtual School	Home School
Out of County	Out of State	Out of Country	
Other: _____			

Next Planned School of Enrollment _____

School Name	City, State
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Parent Comment: _____

I understand and acknowledge that withdrawal from an MNPS Magnet/Optional /Charter School will result in forfeiture of the student's assignment at such school and that my student may not have the option to enroll in another MNPS Magnet/Optional/Charter school until the next school year.

I understand and acknowledge that outstanding fees, fines, or unreturned school property such as textbooks, library books, instruments, uniforms, or equipment may results in financial charges and/or withholding of student records.

Parent/Guardian Phone # _____

Required- Attach Parent/Guardian Photo ID

Parent/Guardian Name _____

Parent/Guardian Phone Call

Parent/Guardian Signature _____

MNPS Use Only

Withdrawal Entered in SMS by _____ W/D date _____ W/D code _____ Charter/Magnet Contacted: _____

STUDENT ENROLLMENT INFORMATION

NEW SCHOOL What school is this student registering for? _____ Grade _____

PRIOR SCHOOL What school did this student last attend? _____ City _____ ST _____

Last Name _____ First name _____
Middle Name _____ DOB ____/____/____ Sex _____ Social Security # _____

Optional

Ethnicity (*circle one*): Hispanic or Non Hispanic

Race (circle all that apply) Black/African American American Indian/Alaskan Native

Pacific Islander / Native Hawaiian Asian White

Birth City _____ Birth County _____ Birth Country _____ Birth State _____

Has this student ever received services for : EL 504 IEP _____ Has this student ever been expelled? Y / N _____

What is this student's Mother's maiden name _____

Legal Alert: _____

(If yes, a copy of the court order MUST be provided)

Student Health Information

Does your child have a health problem? (check all that apply)

My child has no health problems which would affect his/her school day. Y / N

Allergies to (Nuts, Bees, Food, Other please list) _____

Asthma, is inhaler prescribed? Yes _____ No _____ Home only? _____ Need at school? _____

Diabetes Type 1 _____ Type 2 _____ What medication taken? _____

Seizures - what type? _____ Date of last seizure? _____

Behavior/Emotional (ADHD, Depression) _____ Catheterization _____ Cancer/Leukemia _____ Sickle Cell Anemia _____

Heart Problems _____ Date diagnosed? _____

Any other condition you would like to tell us about _____

Medical Alert: _____

Home Language Survey

TENNESSEE STATE BOARD OF EDUCATION ESL PROGRAM POLICY 3.207, states that: "Each School District must administer the Home Language Survey to all students entering the District for the first time."

The information is used to identify the need for English language support services for the student.

1. What is the first language this child learned to speak? _____
2. What language does this child speak most often outside of school? _____
3. What language do people usually speak in your child's home? _____

Please note : If the answer to question(s) 1, 2, or 3 is not English, The Office of EL will assess the student's English language proficiency and additional forms will need to be completed.

Statement of Residence: Where does the student stay at night? (Please check ONE)

- Home/Apartment owned or rented by the student's parent/legal guardian
 a campsite in an automobile With a relative or friend (family does not have a residence)
 Shelter in a motel Other housing (please explain) _____

I certify that the above information is true, accurate, and subject to verification. If any information is found to be fraudulent the student may be subject to withdrawal and the parent/legal guardian subject to tuition reimbursement (TCA 49-6-3003).

Parent/Legal Guardian signature required for enrollment

Date _____

Enrollment stamp here

MNPS use only

Student ID _____ Student PIN _____

Start Date _____ Enrolled at _____

ES _____ Center _____ Zoned School _____