

**Long County School System
Special Education Student Withdrawal Information Sheet**

Last Name: _____

First Name: _____

Area of Exceptionality: _____

Grade: _____ **Age:** _____

Date of Withdrawal: _____

Special Education Teacher: _____

Reason for Withdrawal:

- A. Transferred to another school system**
- B. Graduated**
- C. Deceased**
- D. Dropped out**
- E. Placed out of Special Education Program**
- F. Unknown**

**This form should be completed and submitted to the records clerk at the student's home school. A copy should be placed with the student's record and submitted to the Special Education Office.*