

## Withdrawal Interview Record

Campus: \_\_\_\_\_

Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GR: \_\_\_\_\_

Alternate Information:

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Parents Work #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

WITHDRAWAL CODE: \_\_\_\_\_

WITHDRAWAL DATE: \_\_\_\_\_

Refer to Withdrawal Code List Chart

Office Use Only

Withdrawal Reason: (Please be specific): \_\_\_\_\_

Relocating or Migrating to:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is student going to attend school or other educational Program, i.e. GED?  YES  NO

Name of School or Program: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**STUDENT WAS COUNSELED AND UNDERSTANDS OPTIONS, ALTERNATIVES, AND CONSEQUENCES**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verified/Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor  School Community Liaison Signature

**NOTE: Migrant Student(s) who are withdrawing due to Migrating, must see the Migrant Counselor.**

Migrant Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Migrant Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is the policy of the Pharr-San Juan-Alamo ISD not to discriminate on the basis of sex, disability, race, color, religion, national origin or age.  
Es norma del Distrito Escolar de Pharr-San Juan-Alamo no discriminar en base al sexo, inhabilidad, raza, color, religión, nacionalidad o edad.