



FIFE SCHOOL DISTRICT #417

ENDEAVOUR INTERMEDIATE SCHOOL

Mr. Kevin Alfano, Principal

1304 – 17th Avenue
Milton, WA 98354

phone: 253.517.1400
fax: 253.517.1405

STUDENT WITHDRAWAL FORM

STUDENT INFORMATION

STUDENT: _____
Last First

D.O.B.: _____

GRADE: _____ TEACHER: _____

LAST DAY: _____

REASON FOR WITHDRAWAL: _____

FORWARDING ADDRESS: _____

SCHOOL CONTACT INFORMATION

NEW SCHOOL: _____

NEW SCHOOL'S ADDRESS: _____

NEW SCHOOL'S PHONE #: _____

I am formally withdrawing this student from Endeavour Intermediate School.

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____

School Use Only

SUMMARY OF ACADEMIC STATUS: _____

PROGRAM(S) PARTICIPATING IN:

ELL LAP/Title 1 Math LAP/Title 1 Reading SPED Speech OT/PT

HAS THE STUDENT HAD AN IEP DEVELOPED? YES NO

HAS THE STUDENT HAD A 504 PLAN DEVELOPED? YES NO

CLEARANCE INFORMATION:

MATERIALS RETURNED TO CLASSROOM: YES NO

MEAL BALANCE: BALANCE OWED: _____ BALANCE REMAINING: _____

Please attach a print out of this student's meal balance if they have any.

BOOKS RETURNED TO LIBRARY: YES NO

Please attach a print out of this student's checked out book if they have any.

RECORDS SENT TO NEW SCHOOL: _____

Classroom Teacher

Devin Olson – Kitchen

Dulcey Bean – Librarian

Alix Meyer – Data Entry Secretary

Date: _____