

Alder Grove Charter School

Student Withdrawal Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_ New School Name: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ (last day of enrollment indicated by “w” on attendance form)

If graduate: CSU requirements met: Yes  No   
 CAHSEE requirements met: Yes  No

**WITHDRAWAL GRADES**

COURSE TITLE (Courses listed must match the Master Agreement and all Addendums)	Academic Mark	Credits on Master Agreement all Addendums	Credits Completed (Grades 9-12 only)
TOTAL CREDITS EARNED →			

I certify that the courses and credits listed above have been checked against the Master Agreement:

Teacher Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

OASIS Drop Date: \_\_\_\_\_ CALPADS Drop Date: \_\_\_\_\_ Payroll drop date: \_\_\_\_\_ Material Letter Sent date: \_\_\_\_\_