

SOCASTEE HIGH SCHOOL

GUIDANCE DEPARTMENT

4900 Socastee Blvd

Myrtle Beach, SC 29588

Ph: 843-293-2513 Fx: 843-293-5614

9GR:

HYBRID GROUP:

TODAY'S DATE: _____

EFA:	_____
IEP:	N Y _____
504:	N Y _____
ESOL:	N Y _____

STUDENT WITHDRAWAL INFORMATION

**** All Fields are Required for Withdrawal to be Accepted. ****

HCS Student Number: _____ DOB: _____ Grade: _____

Name: _____

Address: _____

Parent/Guardian: _____ Phone #: _____

Relationship to Student: _____ Email Address: _____

Last Day Attending Classes: _____ Reason for Withdrawal: _____

Will student be transferring to:

Another Horry County school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Another school in SC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
School in another state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Moving out of the country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

New School Name, City, State: _____

If you are moving, please provide your forwarding address and phone number:

Parent's Signature: _____ Date: _____

Guidance Dept Signature: _____ Date: _____

Section below to be completed by Socastee High Registrar or Guidance Department Designee

Screen Prints of List View of Current Semester Classes & Quick Lookup Attached			
Withdrawal grades (WP/WF) entered to student's Historical Grades--Init & Date: _____			
Form uploaded to Student's PS Historical Documents			
If No , please comment with reason (i.e., damage to computer, fine due, uniforms missing, etc.)			
Y	Guidance Counselor Exit Meeting		
N			
Y	Dell Venue and Charger Returned in working condition (no damage)		
N			
Y	Cleared through Bookkeeper		
N			
Y	Cleared through Library	Y	Textbooks Returned
N		N	
Y	ROTC Uniforms and/or Equipment Returned	Y	Athletic Apparel and/or Equipment Returned
N		N	

Student Withdrawal Date in PS: _____ Withdrawal Code: _____ Init: _____

Records Request Received from: _____ Date Rcvd: _____

Records Faxed/E-mailed on: _____ Init: _____ Perm File Updated/Sent Date: _____ Init: _____

Guidance Department Signature: _____ Date: _____