

**Tropical Elementary School**

1500 S.W. 66<sup>th</sup> Ave.  
Plantation, FL 33025

Phone: 754-323-7750

Fax: 754-323-7790

Principal Mr. Robert Schneider

Assistant Principal Mrs. Terie Miranda

**Student Withdrawal Form**

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Transferred to school name: \_\_\_\_\_

Transferred to location (city, county, state): \_\_\_\_\_

is this a charter school? \_\_\_\_\_ If **yes**, please circle why below:

- |   |                      |   |                                   |
|---|----------------------|---|-----------------------------------|
| 1 | ACADEMIC             | 2 | ESE SERVICES                      |
| 3 | TRANSPORTATION       | 4 | MORE CONVENIENT                   |
| 5 | SCHOOL ADMIN SUPPORT | 6 | SAFE/ SECURE LEARNING ENVIRONMENT |
| 7 | AFTER SCHOOL CARE    | 8 | EXTRA CURRICULAR ACTIVITIES       |
| 9 | OTHER                |   |                                   |

Last day at our school: \_\_\_\_\_

Registering Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

FRONT OFFICE

**Before withdrawing student, please ...**

- Check with the Media Center for any books or dues owed. \_\_\_\_\_
- Check with the Cafeteria Manager regarding the student's lunch account. \_\_\_\_\_
- Retrieve the CUM folder & Match ID to Registering Parent

ID checked: \_\_\_\_\_ By: \_\_\_\_\_

IMT

- Withdrawn in TERMS:      Date completed: \_\_\_\_\_      Initials: \_\_\_\_\_  
A03 panel WD code: \_\_\_\_\_      A04: \_\_\_\_\_
- Withdrawn in Filemaker:      Date completed: \_\_\_\_\_      Initials: \_\_\_\_\_