

## y Robbins Elementary School

355 Schoolhouse Rd Robbins, TN 37852 Telephone 423-627-2435 Fax 423-627-2200



## WITHDRAWAL FORM

	STUDENT NAME:							
	DATE OF BIRTH: GRADE:							
	REASON FOR WITHDRAWAL:							
	NAME OF PARENT OR GUARDIAN:							
	SPORTS EQU	JIPMENT AND	UNIFORMS T	TURNED IN?_				
	Grades for nine weeks and semester (s)						Books &	
	Fall Term			Spring Term			Records	Teacher's Initials
Subject	1st 9 Wks	2nd 9 Wks	Semester	1st 9 Wks	2nd 9 Wks	Semester	Cleared	initials
ELA								
Math								
Science								
Soc Studies / TN History								
Computer / Keyboarding								
	* School	MUST requ	uest officia	al records b	pefore we	can send a	nything.	
Electronic Devices(Laptop and or Hotspot)				Library				
	chool will forwords (sporting			•			-	
	er returned l	before we ca	n supply this	s information		nt will be co	unted une	
Signature of School Principal/Assistant					Signature of School Secretary			