

2017-2018
DASL
WITHDRAW/RE-ENTRY

ID Number: _____
Required

Student Name: _____
Last Name First Name MI

Teacher Name: _____ Program: _____

District of Residence: _____ School of Attendance: _____

Date Officially Withdrawn: _____

Specific Reason for Withdrawing:

Did student ride Community Bus?

Back to Home School

Out of County/State

Yes

No

Other Reason: _____

Date Officially Re-Entered: _____

Read before filing:

- Any withdraw needs to be reported immediately. If a student is no longer receiving teaching or related services from a county employee he or she should be withdrawn.
- Please do not file this form if the student was moved to another TCESC classroom/program, contact the ED secretary at (330) 505 2800 Ext. 102 for information about other forms.