



# Ravenswood City School District Withdrawal Form

Student Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street/Apt. # City State Zip Code

New Address: \_\_\_\_\_  
Street/Apt. # City State Zip Code

New Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### If the student receives special services, indicate which type below

Is this student currently in Special Education?..... Yes \_\_\_ No \_\_\_

Pending Assessment

Speech

Specific Learning

Other: \_\_\_\_\_

Does this student have a 504 status? ..... Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

### Reason for withdrawing

Moving to another city in the state of California (T160)

Enrolling in a private school (T180)

Moving to another state (T200)

Moving to another country (T240)

Other: \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_

**I hereby certify that the student and parent/guardian information provided above is accurate.**

\_\_\_\_\_  
Signature of Parent/Guardian  
(Please provide your ID)

\_\_\_\_\_  
Date

### \*\*\*FOR OFFICIAL USE ONLY\*\*\*

**PLEASE REQUEST SCHOOL RECORDS FROM THE SCHOOL CHECK BELOW**

Belle Haven  
415 Ivy Dr  
Menlo Park, CA 94025  
(650) 329-2898 Fax (650) 566-9386

Los Robles Magnet-Ronald McNair Academy  
2033 Pulgas St  
East Palo Alto, CA 94303  
(650) 329-2888 Fax (650) 473-9247

Costano Elementary  
2695 Fordham St  
East Palo Alto, CA 94303  
(650) 329-2830 Fax (650) 328-3214

Ravenswood Middle School  
2450 Ralmar St  
East Palo Alto, CA 94303  
(650) 329-2828 Fax (650)326-8902

\*Copy of ID here

**\*Verify guardianship with identification card  
and make a copy of the ID on this form.**

### Attach are the following documents:

Immunization Record (Blue Card)

Birth Certificate

Current Report Card

Most Recent CELDT Test

Most Recent STAR Test

Other



# Ravenswood City School District Formulario de Retiro

Nombre del Estudiante: \_\_\_\_\_  
Apellido Primer Nombre Segundo Nombre

Fecha de Nacimiento: \_\_\_\_\_ Grado Actual: \_\_\_\_\_

Nombre del Padre o Tutor: \_\_\_\_\_ Relación: \_\_\_\_\_

Domicilio Previo: \_\_\_\_\_  
Calle / # de Apt. Ciudad Estado Zona Postal

Domicilio Nuevo: \_\_\_\_\_  
Calle / # de Apt. Ciudad Estado Zona Postal

Nuevo número de teléfono: \_\_\_\_\_ Celular: \_\_\_\_\_ Trabajo: \_\_\_\_\_

### Si el estudiante recibe Servicios Especiales, indique abajo que tipo recibe.

Está este estudiante actualmente en Educación Especial? Si \_\_\_ No \_\_\_

Evaluación Pendiente

Habla

Aprendizaje Especifico

Otro: \_\_\_\_\_

Tiene este estudiante estatus 504 ? ..... Si \_\_\_ No \_\_\_ Si sí, por favor explique: \_\_\_\_\_

### Razón por retiro

Mudándose a otra ciudad en el Estado de California (T160)

Matriculándose en escuela privada (T180)

Mudándose a otro estado (T200)

Mudándose a otro país (T240)

Otro: \_\_\_\_\_

Ultimo día de asistencia: \_\_\_\_\_

**Por la presente certifico que la información del estudiante, padre o tutor provista arriba, es correcta.**

\_\_\_\_\_  
Firma del Padre o Tutor  
(Por favor proveer identificación)

\_\_\_\_\_  
Fecha

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