

**Student Withdraw From:
Middle School**



CAMBRIAN SCHOOL DISTRICT

4115 Jacksol Drive • San Jose, CA 95124 • (408) 377-2103 • Fax (408) 559-3122

*Parents shall present this withdrawal form to their student's new school.
Official transcripts and student cumulative records will be sent to the next school on written request by that school.*

Name: _____ Grae Level: _____
(as it appears on birth certificate) Last, First, Middle (Going into)

Date of Birth: _____ Gender: Male Female Transgender Withdrawal Date: _____
mm/dd/yy

Best Phone Number: _____ Best Email: _____

Parent Name: _____ Parent Signature: _____

Destination: School, City, State _____

Cambrian Staff to Complete:

Student CA State I.D #: _____ Last Day of Attendance: _____

Special Services: No Yes- If yes, indicate which type: 504 Plan Speech Special Day Class
 Resource Specialist Program Other: _____

English Learner Student: Yes No RFEP Date: _____ IFEP Date: _____

Period	Subject	Teacher Signature	Grade	Books
0				
1				
2				
3				
4				
5				
6				
7				

Immunization History Attached: Yes No

Librarian Signature: _____ Missing Books or fine due: Yes (List Attached) No

Office Staff Signature: _____ Date: _____ Withdrawal complete: Yes No

Please send record requests to the school marked below and to the attention of: **Student Records**

Price Middle School
2650 New Jersey Ave. San Jose, CA 95124
(408) 377-2532 ♦ Fax: (408) 377-7406

Steindorf STEAM School
3001 Ross Ave. San Jose, CA 95124
(408) 377-3022 ♦ Fax: (408) 377-3093