LA JOYA INDEPENDENT SCHOOL DISTRICT
WITHDRAWAL INTERVIEW RECORD

Name_____ID#_____D.OB._____Grade _____
Date:_____
Parent/Guardian Name: _____
Sibling & Name: _____
_____
Mailing Address: _____
Physical Address: _____
City, State, Zip Code: _____
Phone #:_____ Alternate Phone#:_____

Withdrawal Reason:_____
_____
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The following options were explained to the student:

___La Joya ISD Accelerated Centers
___College & Career Center
___School Options List
___Workforce Solutions Program
___HSEP (GED) - for Students (18+)
___Other_____

Student was counseled and understands the Options, Alternatives, and Consequences.

Student Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

Authorized Signature:_____ Date:_____
(Principal, Asst. Principal, Counselor, Social Worker)

For Office Use:

Assign Withdrawal Code:_____

MIGRANT STUDENTS, WHO ARE WITHDRAWING DUE TO MIGRANT WORK, SEE THE MIGRANT CLERK IN THE COUNSELING OFFICE.
CLERK INITIAL_____ DATE_____

IF STUDENT AND PARENT ARE STATING WITHDRAWALS IS WITH INTENT TO ENROLL IN ANOTHER SCHOOL DISTRICT, MAKE THE PARENT AWARE THAT THEY HAVE UP TO 3-10 DAYS TO ENROLL STUDENT (DEPENDING ON HOW FAR THEY ARE GOING TO THE NEXT SCHOOL DISTRICT). TRUANCY CHARGES WILL BE PLACED ON THE PARENT/STUDENT IF STUDENT IS NOT ENROLLED IN A TIMELY MANNER.