



**South Bend Community School Corporation
Special Education Department**

215 S. St. Joseph St, South Bend, IN 46601
Ph: 574.283.8130 Fax: 574.283.8105

Withdrawal Information Sheet

Student: _____ Date Of Birth: _____

SBCSC ID#: _____ STN#: _____ School: _____

Teacher Of Record: _____

Area Of Exceptionality: _____

Date WD: _____ Attendance Office Notified: _____
(Date)

(Students must be withdrawn from the AS400 in order to be withdrawn from CODA)

Reason For Withdrawal (Please check one):

_____ Case Conference committee has determined student is no longer eligible for special education services

_____ Dropped out _____ No show

Last day of attendance: _____

_____ Transferred to another SBCSC school: _____

_____ Moved out of SBCSC to: _____

_____ Other: _____

Please send this notice to the Special Education Department

For students 14 years and older who have withdrawn from the SBCSC, please attach the Anticipated Services form as required by State regulations.

Copy to: parent, cum, TOR and original to Special Ed Dept.