

## Notification of Withdrawal

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|---|
| Student's full name<br>Mailing Address<br>City, Zip<br>Phone Number |
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|--|
| Date of Birth<br>Gender<br>Current Grade Level<br>School ID Number<br>SASID Number |
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| Parent/Guardian's name<br>Work phone number<br>Email address |
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Today's date

Anticipated last date of attendance at current school

First scheduled date of attendance in new educational program

**REASON FOR WITHDRAWAL (EXIT CODE):**

|   |  |
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| <input type="checkbox"/> Transferring to another public school within the same district (11)*       | <input type="checkbox"/> Receiving Home-Based Instruction /home schooling (16) |
| <input type="checkbox"/> Transferring to another Colorado public school outside the district (13) * | <input type="checkbox"/> Long term Illness/Serious Injury (30)                 |
| <input type="checkbox"/> Transferring to a public school outside of Colorado (14) *                 | <input type="checkbox"/> Drop out /discontinued schooling (40)                 |
| <input type="checkbox"/> Transferring to a private school (15) *                                    | <input type="checkbox"/> Expelled (50)   |
| <input type="checkbox"/> Enrolling in a GED Program not run by a school district or BOCES (17) *    | <input type="checkbox"/> Other   |

\* Please provide the following information if the student is transferring to another school or program

|                            |  |
|----------------------------|--|
| Name of new school/program | <input style="width: 95%; height: 20px;" type="text"/> |
| Street Address             | <input style="width: 95%; height: 20px;" type="text"/> |
| City                       | <input style="width: 95%; height: 20px;" type="text"/> |
| State                      | <input style="width: 95%; height: 20px;" type="text"/> |
| Country (if other than US) | <input style="width: 95%; height: 20px;" type="text"/> |

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_