

## Notification of Withdrawal

Student's full name :		
Mailing Address, City, State and Zip:		
Phone Number:		
Date of Birth:	Gender:	Current Grade Level:
School ID Number:	SASID Number:	

Parent/Guardian's name:	
Work phone number:	
Email address:	
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):**

<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	
Street Address	
City	
State	
Country (if other than US)	

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