



6500 Arapahoe
P.O. Box 9011
Boulder, Colorado 80301
720-561-5247

Notification of Withdrawal

Thank you for informing us of your student's withdrawal. Please complete the information below and return this form to your student's current school Registrar.

If you have more than one BVSD student you are withdrawing, please fill out a separate form for each student.

STUDENT INFORMATION

Student's full name	
Date of birth	
Current school	
Current grade level	
Student ID #	

WITHDRAWAL INFORMATION

New school name	
Address	
City, State, Zip code	
Country (if other than US)	
Last date of attendance at current school*	
First date of attendance at new school/program*	

* If you will be home schooling your child, you must submit a Letter of Intent to the Home School office at least 14 days prior to withdrawal and the start of your Home School program. Please visit: <https://www.bvsd.org/parents-students/enrollment/home-school> or call 720-561-6081 for more information.

Parent/Guardian's Name _____

Electronic Signature

By checking this box you are signing this document electronically. You agree your electronic signature is the legal equivalent of your handwritten signature. **Date** _____