

## 2022-2023 MAGNET PROGRAMS WITHDRAWAL FORM

Magnet Phone 985-748-2556 Fax 985-748-2455

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To: **Dr. Lisa Fussell**, Assistant Superintendent

From: \_\_\_\_\_ Parent/Legal Guardian

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Dear Dr. Fussell,

I, \_\_\_\_\_, have decided to withdraw my child/children listed below from  
\_\_\_\_\_ Magnet School for the 2022-2023 school year.

Child's Name	2022-23 Grade Level
1. _____	_____
2. _____	_____
3. _____	_____

My child/children will return to his/her assigned **attendance zone school** listed below.

\_\_\_\_\_ Attendance Zone School

Sincerely,

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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(For Magnet Department Use Only)

Approved

Denied

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Equity Officer

\_\_\_\_\_  
Date