



**Please return the completed and signed form to
your child's school office.**

SCHOOL DISENROLLMENT FORM

IMPORTANT – PLEASE READ

Complete and sign this form if your child(ren) will no longer be attending school in the SMFCSD.

- Students will be dropped from the school's enrollment.
- You will have to re-enroll your child(ren) if you return to the District.
- Please contact your child's school if you have any questions.

STUDENT INFORMATION

Student Name(s): Last name, First name	Current Grade	Date of Birth (mm/dd/yy)	<ul style="list-style-type: none"> • School • Teacher (Homeroom or Advisory Teacher if middle school)

NOTIFICATION

I am hereby notifying the San Mateo-Foster City School District that my child(ren)'s last day of enrollment will be on

_____ (Date)

REASON FOR DISENROLLMENT

The student(s) named above are disenrolling because _____.

NEW SCHOOL OF ATTENDANCE INFORMATION

School Name	School Address

Signature of Parent/Guardian: _____

Date: _____

Print Parent/Guardian Name: _____