



## 2023-2024 MAGNET PROGRAMS WITHDRAWAL FORM

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

Email [ashley.adamson@tangischools.org](mailto:ashley.adamson@tangischools.org)

To: **Ms. Marquita Jackson**, Director of Academics

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

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

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

Dear Ms. Jackson,

I, \_\_\_\_\_, have decided to withdraw my child/children listed below from  
\_\_\_\_\_ School for the 2023-2024 school year.

| Child's Name | 2023-24 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

(For Magnet Department Use Only)

☐ Approved

☐ Denied

\_\_\_\_\_  
Director of Academics

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date