

COUNCIL ROCK SCHOOL DISTRICT

STUDENT WITHDRAWAL INFORMATION

Thank you for notifying us of your intention to withdraw your child from school. We hope that we were able to provide a high quality and enjoyable educational experience. The following information will assist us in required record keeping and also toward improving our schools. We appreciate your assistance.

I hereby give permission for _____ (Student Name)

to withdraw from _____ (CRSD school) on _____ (last day attending).

Parent Signature _____ Date _____

Reason for Withdrawal:

Transfer to Another School

Name of New School: _____

School Address: _____

School Phone Number with Area Code: (_____) _____

Terminating HS Education

a. 16 years of age with full time job

b. 17 years of age or older

Other (please explain) _____

My child's program consisted of: ___ Regular ___ Special Education Programs

(Check those which apply)

___ Gifted Support

___ Learning Support

___ Emotional Support

___ Life Skills Support

___ Autistic Support

___ Multiple Disabilities Support

Were you in agreement with your child's program? If not, you have the right to request an evaluation, re-evaluation, or due process hearing. Your procedural safeguards are attached to this notice.

___ I agree with my child's educational program

___ I do not agree with my child's educational program and request:

evaluation re-evaluation due process hearing (please check)

If your child participated in a special education program, do you have a current copy of your child's *Individual Education Program and Notice of Recommended Assignment*? If you wish, we will provide you with these records.

Suggestions for improving Council Rock schools:

(Please use additional space on the reverse side)

Secretary – please send a copy to the Superintendent's office if the parent does not agree with child's educational program.