

**NOTIFICATION OF WITHDRAWAL FROM NORWOOD SCHOOL DISTRICT R2-JT**

Today's Date: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Student's full legal name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Student's current grade: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Anticipated last date of attendance at current school: \_\_\_\_\_

First scheduled date of attendance in new educational program: \_\_\_\_\_

Name of new school/program: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

**REASON FOR WITHDRAWAL (EXIT CODE): Please Check ONE**

<input type="checkbox"/> Transferring to another public school within the same district (11)*	<input type="checkbox"/> Receiving Home-Based Instruction /home schooling (16)
<input type="checkbox"/> Transferring to another Colorado public school outside the district (13) *	<input type="checkbox"/> Long term Illness/Serious Injury (30)
<input type="checkbox"/> Transferring to a public school outside of Colorado (14) *	<input type="checkbox"/> Drop out /discontinued schooling (40)
<input type="checkbox"/> Transferring to a private school (15) *	<input type="checkbox"/> Expelled (50)
<input type="checkbox"/> Enrolling in a GED Program not run by a school district or BOCES (17) *	<input type="checkbox"/> Other

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Make sure to save a copy of this form after completing and email it to Diane Muniz at [diane.muniz@norwoodk12.org](mailto:diane.muniz@norwoodk12.org)**