



Bellevue School District's Advanced Learning Complete Withdrawal from the Self-Contained, Differentiated or Domain-Specific Services Form

Return this form via

US Mail: Advanced Learning Dept. **OR** Email: advancedlearning@bsd405.org
Bellevue School District
P.O. Box 90010
Bellevue, WA 98009

Name of Student: _____ DOB: _____

CURRENT School: _____

BSD Student ID: _____ **CURRENT** Grade Level: _____
(If known)

WHEN WOULD YOU LIKE FOR THIS REQUEST TO BE EFFECTIVE?

- ☐ Immediately (ASAP)
☐ At the end of the current school year
☐ Other date _____

OPTION 3

- ☐ I wish to have my child withdraw from full-time, self-contained (SCS), differentiated or domain-specific services and instead participate in general education services in the neighborhood, choice or private school at the following school:

Neighborhood/Choice/Private School: _____

Preferred Email

Preferred Phone Number

Alternate Email

Alternate Phone Number

Please type your complete name as your signature

Date

By typing your name above, you confirm that your name serves as your signature and verifies you are authorized to provide this information.