



Home Education Withdrawal Form

Student Name: _____ **Grade:** _____

Address: _____ **Phone:** _____

My child is withdrawing from the Home Education Program for one of the following reasons:
(Please indicate the name and address of your new program/school if applicable)

Moving out of the district

Enrolling/Re-enrolling in
a WCASD School

Enrolling in a private or
parochial school

Graduating from high
school

Signature of parent or guardian

Date

Please complete and email to homeschool@wcasd.net

3/2/2021