

## Intent to Withdraw from Pleasanton Unified School District

Please complete and sign this form prior to withdrawing your student from school to ensure the following:

1. Accurate records of your student are maintained, as mandated by state and federal laws;
2. Appropriate disclosure and transfer of student records to other schools, institutions, agencies, and organizations; and
3. Compliance with compulsory education law

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**Last Day of Attendance:** \_\_\_\_\_

**Reason for withdrawal from a Pleasanton Unified School District:**

Change of residence (if selecting this option, please provide additional information below):

New address, city, state: \_\_\_\_\_

New school and district of residence: \_\_\_\_\_

Interdistrict transfer (IDT) to: \_\_\_\_\_

Enrollment in one of the following:

Charter School: \_\_\_\_\_

Private School: \_\_\_\_\_

Virtual School: \_\_\_\_\_

Homeschooling (Please attach confirmation that a Private School Affidavit has been filed with the California Department of Education ((EC) 33190)

Other (not listed above): \_\_\_\_\_

**By signing below:**

- I understand and acknowledge that withdrawal from the school may result in forfeiture of my student's assignment in a particular program/class, and that they may not have the option to re-enter the same program/class upon return.
- I also understand and acknowledge the following regarding outstanding fees and fines:
  - 1) I will be informed of any amount owed before payment of the debt is pursued by the Pleasanton Unified School District.
  - 2) The student's grades, diploma, and transcripts may be withheld by the Pleasanton Unified School District and the new school of enrollment pursuant to EC 48904 and 48904.3 for any school books, supplies, or property that has been damaged or not returned upon request.

**Name of adult withdrawing the student:** \_\_\_\_\_

**Relationship to the student:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

**OFFICE USE ONLY**

**Received by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The following items have been received:**

Textbooks  Library Books  Chromebook  Outstanding Fees (if applicable)

**Items to be completed:**

Inform staff  Cum/health files pulled  Send copy to Student Services Coordinator (Section 504)

Send copy to Special Education Dept. (IEP)  Notify CWA (if homeschool is selected)