MADISON PUBLIC SCHOOLS
P.O. Drawer 71, 10 Campus Drive
Madison, CT 06443

Acknowledgement of Option to Withdraw Child Seventeen Years of Age from School

Today's Date _____ Date of Withdrawal _____

Student's Name _____

Madison Address _____

Parent Name _____ Phone Number _____

Pursuant to Section 10-184 of the Connecticut General Statues,

I, _____, of, _____, the parent, guardian or other
Name of Parent/Guardian **Address**

person charged with the care of the following minor child _____, of,
Name of Student

_____ born on _____ do herby elect to withdraw my child from public
Address **Date of Birth**

school. Furthermore, before signing this form, a representative of the Madison Public School district has met with me and provided me with information concerning the educational options available in the school system and the community.

ATTESTMENT BY:

School Administrator Signature _____ Date _____

ACKNOWLEDGED BY:

Parent/Guardian Signature _____ Date _____

If a child seventeen years of age or older who voluntarily terminates enrollment in a school district and subsequently seeks readmission, the local or regional board of education for the school district may deny accommodations to the child for up to ninety school days from the date of such termination. Unless the child seeks readmission to the school district not later than ten school days after the termination in which case the board shall provide school accommodations to the child not later than three schools after the child seeks readmission.

Central Office Use Only:	Special Education: Y or N
MPS Student ID #:	Withdrawal by and date:
SSAID #:	
Counselor (if applicable):	Notified Tech Dept.: Y or N