

NOTIFICATION OF WITHDRAWAL

Today's Date: _____ Student's Current Grade Level: _____
Student's Full Name: _____ Date of Birth: _____
Address: _____

Parent/Guardian's Name: _____
Phone Number: _____ Email Address: _____

Anticipated last date of attendance at current school: _____
First scheduled date of attendance in new educational program: _____

Reason for Withdrawal (Exit code)

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

Please provide the following information if the student is transferring to another school program.

New School Information

Student's New Address

Name of School:	Address
Address:	City, State Zip:
City, State Zip:	Country (if other than US)

- ☐ Chromebook returned
- ☐ School Library/Textbooks returned
- ☐ All fees paid

Parent/Guardian's Signature: _____ Date: _____