SWALLOW SCHOOL DISTRICT
NOTIFICATION OF WITHDRAWAL

Family	Family Last Name:	Today's Date:
	Student's Name(s) & Grade(s):	
	Current Address:	
	Phone Number:	Email Address:

New Address	We are currently a: ☐ Resident Family ☐ Open Enrollment Family	
	New Address:	City, State:

New School	Last Day of School at Swallow:	First Day of School at New School:
	New School Name:	
	New School Address:	City, State:
	Please complete a Records Request at your new school. Swallow will forward all records upon obtaining that request.	

Parents	Parent/Guardian #1 Name:	
	Parent/Guardian #1 Signature:	Date:
	Parent/Guardian #2 Name:	
	Parent/Guardian #2 Signature:	Date

School Property	Leased Computer Returned ☐ Lock Returned ☐ Fees Due:	
	Books Returned -Classroom ☐ Library ☐	Lunch Balance:

For District Use Only
End date of enrollment: