



Region 14 Notice of Withdrawal

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Teacher (PK-5): _____ or School Counselor (6-12): _____

Parent/Guardian: _____

Region 14 Address: _____

Phone Numbers Home: _____ Cell: _____

If moving out of Region 14 provide date of move: _____

New Address: _____

Name/Address of Public or Private School or program to receive records:

Student will be enrolled in: (Office staff complete with parent - check one box)

☐	02 Public School in Connecticut	☐	11 Transfer to a Hospital or other Institution
☐	03 Public School in a different state	☐	12 Charter School
☐	04 Private School non-religious in school district	☐	13 Home Schooling (additional form requested)
☐	05 Private School non-religious in CT (not in school district)	☐	21 Discontinue School (Age 17 w/parental consent. Required additional form.)
☐	06 Private School non-religious in another state	☐	23 GED Program
☐	08 Private School religious in CT (not in school district)	☐	24 Post-Secondary Education prior to graduation
☐	09 Private School religious in another state	☐	26 State approved Magnet School
☐	10 School outside of the United States	☐	27 Adult High School Credit Diploma Program

As part of this process, I understand that all textbooks, Chromebooks, and other educational materials lent to the student must be returned upon withdrawal. I understand that I am responsible for the cost of educational materials that are not returned, and that the school district may withhold grades, transcripts or report cards until the materials are returned or paid for.

Signature of Parent/Guardian: _____ Date: _____

School Official: (Administrator or School Counselor)

Print Name: _____

Signature: _____ Date: _____