

INTENT TO WITHDRAW

Wrangell Public School District
P.O. BOX 2319
Wrangell, AK 99929

I am withdrawing my child from Wrangell Public School District for the reason listed below. I am the legal guardian of this student. I plan to enroll him/her in the school named below on or about the date indicated.

Students Name: _____

Grade Level : _____ Student ID # : _____

Expected Date of Withdrawal From WPSD : _____

Name of WPSD School : _____

Withdrawal Reason : _____

Expected Date of Enrollment at Next School : _____

Name and Address of Next School : _____

Please provide a forwarding address if known:

PRINTED NAME OF PARENT OR LEGAL GUARDIAN

RELATIONSHIP

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

SIGNATURE OF SCHOOL ADMINISTRATOR/TITLE

DATE

PLEASE RETURN THIS FORM TO THE WRANGELL SCHOOL DISTRICT OFFICE
YOUR RECORDS WILL BE SENT PROMPTLY UPON WRITTEN REQUEST FROM THE
RECEIVING SCHOOL
FAX NUMBER - 1 907 874 9423