



OFFICE OF SCHOOL LEADERSHIP

615 W. Missouri Avenue, Midland, Texas 79701

Office: 432-240-1301 | amber.day@midlandisd.net

**HOME SCHOOL/ONLINE DIPLOMA PROGRAM
VERIFICATION FORM**

Date: _____

I, _____, am withdrawing my student:
Please print name of Parent/Guardian

Student Name: _____

Date of Birth: _____ Grade: _____

to begin homeschooling as of the date on this form.

Parent/Guardian signature: _____



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