



Notification of Withdrawal

DCSD School Name	
DCSD School Address	
Phone Number	
Fax Number	

Student's full name	
Mailing Address	
City, Zip	
Phone Number	

Date of Birth	
Gender	
Current Grade Level	
School ID Number	
SASID Number	

Parent/Guardian's name	
Work phone number	
Email address	

Today's date	
Anticipated last date of attendance at current school	
First scheduled date of attendance in new educational program	

REASON FOR WITHDRAWAL (EXIT CODE):

<input type="checkbox"/> Transferring to another public school within the same district (11)*	<input type="checkbox"/> Receiving Home-Based Instruction /home schooling (16)
<input type="checkbox"/> Transferring to another Colorado public school outside the district (13) *	<input type="checkbox"/> Long term Illness/Serious Injury (30)
<input type="checkbox"/> Transferring to a public school outside of Colorado (14) *	<input type="checkbox"/> Drop out /discontinued schooling (40)
<input type="checkbox"/> Transferring to a private school (15) *	<input type="checkbox"/> Expelled (50)
<input type="checkbox"/> Enrolling in a GED Program not run by a school district or BOCES (17) *	<input type="checkbox"/> Other

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

Name of new school/program	
Street Address	
City	
State	
Country (if other than US)	

Parent/Guardian's Signature _____ Date _____