

NOTIFICATION OF WITHDRAWAL FROM ELBERT SCHOOL DISTRICT #200

Today's Date: _____ Student's Date of Birth: _____

Student's full legal name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Student's current grade: _____

Parent/Guardian's name: _____

Address: _____

City, State, Zip: _____

Home phone number: _____ Cell phone number: _____

Anticipated last date of attendance at current school: _____

First scheduled date of attendance in new educational program: _____

Name of new school/program: _____

Address: _____

City, State, Zip: _____

Phone number: _____ Fax number: _____

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

Print Parent/Guardian Name

Signature

Date