

MARICOPA COUNTY PRIVATE SCHOOL WITHDRAWAL FORM
DR. DONALD D. COVEY-MARICOPA COUNTY SUPERINTENDENT OF SCHOOLS
EDUCATION SERVICE AGENCY

STUDENT INFORMATION

NAME: _____ DATE OF BIRTH: _____
(Last, First, Middle)

ADDRESS: _____ CITY: _____ ZIP CODE: _____

TELEPHONE: _____

PRIVATE SCHOOL INFORMATION

NAME OF PRIVATE SCHOOL WITHDRAWING FROM: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

As of _____ my child is no longer enrolled in the above listed private school.
(Effective date)

ARIZONA STATE PRIVATE SCHOOL LAWS FOR WITHDRAWING YOUR STUDENT AS PRESCRIBED BY THE ARIZONA REVISED STATUTES:

15-802 C: An affidavit of intent shall be filed within thirty days from the time the child begins to attend a private school or home school and is not required thereafter unless the private school or the home school instruction is terminated and then resumed. ***The person who has custody of the child shall notify the county school superintendent within thirty days of the termination that the child is no longer being instructed at a private school or a home school.*** If the private school or home school instruction is resumed, the person who has custody of the child shall file another affidavit of intent with the county school superintendent within thirty days.

AUTHORIZATION:

PARENT/GUARDIAN NAME (PRINT) _____

PARENT/GUARDIAN SIGNATURE _____