# Notification of Withdrawal

***Student’s Information:***

|  |  |
| --- | --- |
| Student’s Full Name: |  |
| Street Address: |  |
| City, State, Zip code: |  |
| Phone Number: |  |
| Date of Birth: |  |
| Gender: |  |
| Current Grade Level: |  |
| School ID Number: |  |
| Colorado State ID Number (SASID): |  |

***Parent/Guardian’s Information:***

|  |  |
| --- | --- |
| Parent/Guardian’s Name: |  |
| 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 (School Exit Type):

|  |  |  |  |
| --- | --- | --- | --- |
|  | \*Transferring to another public school within the same district (11) |  | \*Transferring to a state operated program or facility school (19) |
|  | \*Transferring to another Colorado public school outside the district (13) |  | Receiving home-based instruction/home schooling (16) |
|  | \*Transferring to a public school in another country (05) |  | Long term illness/serious injury (30) |
|  | \*Transferring to a public school in another state (14) |  | Drop out/discontinued schooling (40) |
|  | \*Transferring to a non-public/private school (15) |  | Expelled (50) |
|  | \*Enrolling in a HSED Program not run by a Colorado school district or BOCES (70) |  | 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:**