

Notification of Withdrawal

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):

☐ Transferring to another public school within the same district (11)*

☐ Receiving Home-Based Instruction /home schooling (16)

☐ Transferring to another Colorado public school outside the district (13) *

☐ Long term Illness/Serious Injury (30)

☐ Transferring to a public school outside of Colorado (14) *

☐ Drop out /discontinued schooling (40)

☐ Transferring to a private school (15) *

☐ Expelled (50)

☐ Enrolling in a GED Program not run by a school district or BOCES (17) *

☐ 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 _____



Colorado Department of Education

*Recommended Sample:
Notification of Withdrawal
Updated 12/05*