



**Notification of Intent to Withdraw**

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

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

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

**REASON FOR WITHDRAWAL (EXIT CODE):**


Transferring to another Colorado public  
 Receiving Home-Based Instruction/ Home  
 Schooling (16)

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

\* 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 \_\_\_\_\_