## Crowley County School District Re 1-J 1001 Main Street Ordway, CO 81063 (719)267-3117

## **Notification of Withdrawal**

Student's Full Name:  Current Grade Level  SASID Number  Parent/Guardian 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  BOOKS/FINES  Teacher/Staff Signature  Classroom: Lunch: Library:  REASON FOR WITHDRAWAL (Exit Code):  Transferring to another public school within the same district (11)* schooling (16) school outside the district (13)* Transferring to a public school outside of Colorado (14)* Transferring to a public school outside of School outside the district (13)* Transferring to a public school of Drop out/discontinued schooling (40) colorado (14)* 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)					
SASID Number  Parent/Guardian 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  BOOKS/FINES  Teacher/Staff Signature  Classroom: Lunch: Library:  REASON FOR WITHDRAWAL (Exit Code):  Transferring to another public school within Receiving Home-Based Instruction/home schooling (16) Transferring to another Colorado Public Colorado Public School outside the district (13)* Transferring to a public school outside of Drop out/discontinued schooling (40) Colorado (14)* Transferring to a private school (15)* Expelled (50) 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	Student's Full Name:	Date	Date of Birth		
Parent/Guardian 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  BOOKS/FINES  Teacher/Staff Signature  Classroom: Lunch: Library:  REASON FOR WITHDRAWAL (Exit Code):  Transferring to another public school within Receiving Home-Based Instruction/home schooling (16) Transferring to another Colorado Public School within School outside the district (13)* Transferring to a public school outside of Drop out/discontinued schooling (40) Colorado (14)* Transferring to a public school outside of Drop out/discontinued schooling (40) Colorado (14)* Transferring to a private school (15)* Expelled (50) 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	Current Grade Level	Gend	er:		
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the same district (11)* schooling (16)  Transferring to another Colorado Public Long term illness/serious Injury (30) school outside the district (13)*  Transferring to a public school outside of Colorado (14)*  Transferring to a private school (15)* Expelled (50)  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	REASON FOR WITHDRAWAL (Exit Code):				
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Colorado (14)*  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		Long ter	Long term illness/serious Injury (30)		
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		Drop out	Drop out/discontinued schooling (40)		
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Name of new school/program Street Address City State		Other	Other		
Street Address City State	*Please provide the following information if the student	s transferrin	ng to another school or program		
City State	Name of new school/program				
State	Street Address				
Country (if other than US)					
	Country (if other than US)				

Date: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_