

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

Notification of Withdrawal

Student's Full Name:	Date of Birth
Current Grade Level	Gender:
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):

<input type="checkbox"/> Transferring to another public school within the same district (11)* <input type="checkbox"/> Transferring to another Colorado Public school outside the district (13)* <input type="checkbox"/> Transferring to a public school outside of Colorado (14)* <input type="checkbox"/> Transferring to a private school (15)* <input type="checkbox"/> Enrolling in a GED program not run by a school district or BOCES (17)*	<input type="checkbox"/> Receiving Home-Based Instruction/home schooling (16) <input type="checkbox"/> Long term illness/serious Injury (30) <input type="checkbox"/> Drop out/discontinued schooling (40) <input type="checkbox"/> Expelled (50) <input type="checkbox"/> Other
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*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: _____