

### Notification of Withdrawal

DCSD School Name	DCS Montessori Charter School
DCSD School Address	311 Castle Pines Parkway, Castle Pines CO 80108
Phone Number	720-531-3311
Fax Number	720-710-9971

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):**

<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 \_\_\_\_\_