



Park County School District 6
919 Cody Ave
Cody, WY 82414

STUDENT WITHDRAWAL FORM

I am withdrawing my child from Park County School District 6 for the reason listed below. I am the legal parent/guardian of this student. I plan to enroll him/her at the school named below on or about the date indicated.

Legal Name of Student: _____

Grade Level: _____

Birthdate: _____

Expected Last Day of School in Park County School District 6: _____

Name of School in Park County School District 6: _____

Withdrawal Reason: _____

Expected Date of Enrollment at Next School: _____

Name and Address of Next School:

If moving, please provide a forwarding address if known:

Printed Name of Parent/Legal Guardian

Relationship

Signature of Parent or Legal Guardian

Date

Signature of School Administrator

Date