



Notification of Withdrawal from Buena Vista School District

Buena Vista Middle School
 PO Box 2027
 Buena Vista, Co 81211

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Buena Vista School District exists to ensure every student reaches the peak of success

Student Name:		Date of Birth:	
Current Grade:		Anticipated last day at school:	
Parent/Guardian Name:		Daytime Phone Number:	
Email Address:			

REASON FOR WITHDRAWAL:

- | | |
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| <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/homeschooling (16) <i>(must register with the district office if staying local)</i>
<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 of the new school or program the student is transferring to:**

Name of school/program:	
City/State (or country if not U.S.):	
Expected enrollment date:	

School records will be sent upon request of the new school/program.

PARENT/GUARDIAN REQUEST:

I request a withdrawal of my student from Buena Vista School District on the anticipated date listed above. I understand I must contact the school if the date or status of the withdrawal changes.

Parent/Guardian's Signature _____ **Date** _____