Notification of Withdrawal from Cardinal Community Academy

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)**:**

☐	Transferring to another public school within the same district (11)*		☐	Receiving Home-Based Instruction /home schooling (16)
☐	Transferring to another Colorado public school outside the district (13) *		☐	Long term Illness/Serious Injury (30)
☐	Transferring to a public school outside of Colorado (14) *		☐	Drop out /discontinued schooling (40)
☐	Transferring to a private school (15) *		☐	Expelled (50)
☐	Enrolling in a GED Program not run by a school district or BOCES (17) *		☐	Other

* Please provide the following information <u>if the student is transferring to another school or program</u>

Name of new school/program	
Street Address	
City	
State	
Country (if other than US)	

Parent/Guardian's Signature _____ Date _____