

EDUCATIONAL EXCELLENCE

2700 KEARNS BOULEVARD PARK CITY, UTAH 84060 435/645-5600 435/645-5609 FAX

## DUAL IMMERSION PROGRAM OFFICIAL PARENT NOTICE OF WITHDRAWAL OF STUDENT

Studen	Last Name	First Name	Middle Initial
School: Primary First Language:			Language:
Grade	: Gender:	Male Female	Birth Date:
	ry Reason for Withdrawal: the following that best describes w	hy the student is with	ndrawing from the school/program.
	Transfer to another school (list school)	nool)	
	Illness		
	Transfer to be home taught		
	Drop out of program		
	Vacation (from	to	)
	Absence or status unknown		
	Other (list reason)		
Last D	ay of Attendance:		
		month / day / ye	ar
Parent	/Guardian Signature		Date
School	Official Signature		Date