



4600 Silver Springs Drive
Park City, UT 84098
435-645-5620
Fax 435-645-5629

Official Notice of Pupil Withdrawal

Student: _____
Last Name First Name Middle Initial

Grade: _____ Gender: Male Female Birth Date: _____

Primary Reason for Withdrawal:

Select the following that best describes why the student is withdrawing from the school

Transfer to another school (list school) _____

Illness

Transfer to be home taught

Vacation (from _____ to _____)

Absence or status unknown

Other (list reason) _____

Last Day of Attendance: _____
month / day / year

Parent/Guardian Signature

Date

School Official Signature

Date

