

Rosamond High Early College Campus

Student Withdrawal Request

Student Name: _____ Grade: _____

Birthdate: _____ Student ID#: _____

Student has an active IEP: _____ Student has a 504: _____

Parent / Guardian Name: _____ Relation to Student: _____

Phone Number: _____ Siblings at other school sites? Yes _____ No _____

Withdrawal Date / Last day attending: _____

Reason for withdrawal:

Interdistrict transfer out of district District going to: _____

Transfer to home school or private school Please enter new school information below

Moving in state Please enter new address & school below

Other: _____

Student's new address: _____

Phone number (if new): _____

Name of new school: _____

Address (if known): _____

Phone #: _____ Fax: _____

By signing below I acknowledge and understand that the California Compulsory Education Law (ED Code 48200) requires children between 6 and 18 years of age to attend the public full-time day school or continuation school or classes and for the full time designated as the length of the school day by the governing board of the school district in which the residency of either the parent or legal guardian is located and each parent, guardian, or other person having control or charge of the pupil shall send the pupil to the public full-time day school or continuation school or classes and for the full time designated as the length of the school day by the board of the school district in which the residence of either the parent or legal guardian is located. Unless otherwise provided for in this code, a pupil shall not be enrolled for less than the minimum school day established by law.

I understand that it is my responsibility to abide by this law and enroll my student in a timely manner. I also acknowledge that my student and I will complete the district and school site withdrawal processes before the students last day of classes.

Parent/Guardian Signature: _____ Date: _____