

PRIVATE SCHOOL WITHDRAWAL FORM

For Office Use Only

STUDENT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____

Address _____ City _____

ZIP _____ Phone Number(s) _____

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ Middle Name _____

Last Name _____ First Name _____ Middle Name _____

PRIVATE SCHOOL INFORMATION

Name of Private School Withdrawing From: _____

Address _____ City _____ ZIP _____

As of (date) _____ my child is no longer enrolled in the above listed private school for the following reasons:

Is enrolled in a public school another private school a charter school home school ESA

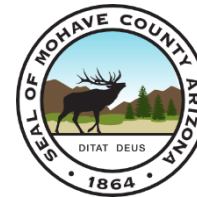
graduated moved to another county or state Other: _____

ARIZONA STATE PRIVATE SCHOOL LAWS FOR WITHDRAWING YOUR STUDENT AS PRESCRIBED BY THE ARIZONA REVISED STATUTES:

15-802 C: An affidavit of intent shall be filed within thirty days from the time the child begins to attend a private school or home school and is not required thereafter unless the private school or the home school instruction is terminated and then resumed. The person who has custody of the child shall notify the county school superintendent within thirty days of the termination that the child is no longer being instructed at a private school or a home school. If the private school or home school instruction is resumed, the person who has custody of the child shall file another affidavit of intent with the county school superintendent within thirty days.

Privacy Notice

The undersigned expressly prohibit the release of any and all information contained in this form including directory information as defined in 20 U.S.C. §1232g(a)(5)(A), without prior written consent by the undersigned. See 20 U.S.C. §1232g(a)(5)(B) and A.R.S. §15-141



Under penalty of law, I attest the information provided on this form is true to the best of my knowledge.

Print Name of Parent/Guardian _____

Signature of Parent/Guardian _____

**After signing this form, please return original to:
Mohave County School Superintendent
P O Box 7000 (Mailing)
700 West Beale Street (Physical)
Kingman, AZ 86402-7000**