



SWALLOW SCHOOL DISTRICT NOTIFICATION OF WITHDRAWAL

Family	Family Last Name:	Today's Date:
	Student's Name(s) & Grade(s):	
	Current Address:	
	Phone Number:	Email Address:

New Address	We are currently a: <input type="checkbox"/> Resident Family <input type="checkbox"/> Open Enrollment Family	
	New Address:	City, State:

New School	Last Day of School at Swallow:	First Day of School at New School:
	New School Name:	
	New School Address:	City, State:
	Choose One: <input type="checkbox"/> We will be completing a Records Request at our new school. Please forward all records upon obtaining that request. <input type="checkbox"/> We are unable to complete a Records Request at our new school and wish to have all student records released to the undersigned parent/guardian.	

Parents	Parent/Guardian #1 Name:	
	Parent/Guardian #1 Signature:	Date:
	Parent/Guardian #2 Name:	
	Parent/Guardian #2 Signature:	Date

<i>For District Use Only</i> End date of enrollment:
