



Kha'p'o Community School

STUDENT WITHDRAWAL FORM

Date: _____

Student Name: _____ DOB: _____

NASIS Number: _____

Address: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Name of school student will be attending: _____

***Note – A transfer of records form will need to be completed separately from this form**

Have you check in with school administration (Circle One): Yes No

Does your child receive special education services? Yes No

Reason for withdrawal:

I understand that by completing this document I am withdrawing my student from Kha'p'o Community School. I understand that it is my responsibility to complete any necessary paperwork to transfer student records and information to my child's new school. I understand that by completing this document, my child is no longer a student at Kha'p'o Community School.

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature

School Administrator Signature

Date