



## 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

