


Monte Vista On-Line Academy
NOTIFICATION OF WITHDRAWAL

Today's Date																										
Last Attendance Date																										
Student's Full Name																										
Student's Date of Birth																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th align="center" style="width:33%;">Course</th> <th align="center" style="width:33%;">Grade</th> <th align="center" style="width:33%;">Teacher Signature</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Course	Grade	Teacher Signature																					
Course	Grade	Teacher Signature																								
Parent Name																										
Mailing Address																										
City, Zip																										
Parent Cell Number																										
Parent Work Number																										
Parent Email																										

***Please indicate reason for withdrawal (Exit Code):**

<input type="checkbox"/> Transferring to another public school within the same district (11)* <input type="checkbox"/> Transferring to another Colorado public school outside the district (13) * <input type="checkbox"/> Transferring to a public school outside of Colorado (14) * <input type="checkbox"/> Transferring to a private school (15) *	<input type="checkbox"/> Receiving Home-Based Instruction /home schooling (16) <input type="checkbox"/> Long term Illness/Serious Injury (30) <input type="checkbox"/> Drop out /discontinued schooling (40) <input type="checkbox"/> Expelled (50)
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- Enrolling in a GED Program not run by a school district or BOCES (17) *

***Please provide the following if student is transferring to another school or program:**

Anticipated Date to Enroll	
Name of New School / Program	
Street Address	
City, State, Zip	
Country (if other than US)	

Parent/Guardian's Signature _____ **Date** _____

Student's Signature _____ **Date** _____

Director's Signature _____ **Date** _____

***Please return this form via mail to: OLA, 345 East Prospect Ave., Monte Vista, CO 81144**

Transfer Follow-up (*This Section is for School Use)

*Note: Information about a student's school transfer status provided by the sources listed below is valid only for the purpose of district record-keeping.

Under rules adopted by the Colorado State Board of Education, only a records request or official confirmation of enrollment will be considered "adequate documentation of transfer."

- Type of Correspondence -

- Source of Records Request -	Letter	Phone Call	Fax	In Person	Email	Date
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

Name of person who made the request	
Notes:	

Student's new address (fill in any information provided by the source[s] above):

Street	
City	
State, Zip	
New Phone Number	

Name of employee recording the information above _____



Employee's Signature

