

# Brookfield Public School District

## Notice of Student Withdrawal Form

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date

Select school withdrawing from: CLES  WMS  BHS

Student's Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Last day in attendance \_\_\_\_/\_\_\_\_/\_\_\_\_

### New School Information

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_ Zip \_\_\_\_\_

School Phone# \_\_\_\_\_ School Fax# \_\_\_\_\_

Please check one.

I have enrolled my student in the above referenced school.  I will be enrolling my student in the above referenced school.

### At time of withdrawal this student is (if applicable, please check )

in the Special Education program  504  EL

### Student Residency (please check one)

- Remaining in Brookfield  
 Moving out of Brookfield ( *out of town, state, country*)  
 OTHER- (Brookfield remains the Nexus District) If other, please explain \_\_\_\_\_

### Transfer Option (please check one)

<input type="radio"/> Public School in CT	<input type="radio"/> School outside of the country
<input type="radio"/> Public School in a different state	<input type="radio"/> Transfer to an Institution
<input type="radio"/> Private non-religious school in Brookfield	<input type="radio"/> Charter School
<input type="radio"/> Private non-religious school in CT but not in Brookfield	<input type="radio"/> Home Schooling
<input type="radio"/> Private non-religious school in another state	<input type="radio"/> Discontinued Schooling
<input type="radio"/> Private religious school in Brookfield	<input type="radio"/> GED Program
<input type="radio"/> Private religious school in CT but not in Brookfield	<input type="radio"/> Post-Secondary Education prior to graduation
<input type="radio"/> Private religious school in another state	<input type="radio"/> State Approved Magnet School
<input type="radio"/> Student is being unilaterally placed by parent to another school in another district.	<input type="radio"/> Adult High School Credit Diploma Program
<input type="radio"/> Other:	

I am formally withdrawing the student named above from the Brookfield Public School District. I understand that it is my responsibility to make certain that all of the district issued books and devices are returned prior to my student withdrawing.

\_\_\_\_\_  
Parent/Guardian/Student (if age of majority) Signature Phone# \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Administrator (Printed) Administrator (Signature) Date \_\_\_\_/\_\_\_\_/\_\_\_\_