



# First Grade College Success Fund Participant Withdrawal

By completing this form, I wish to voluntarily withdraw my student from the Glendale Unified School District's First Grade College Success Fund program.

Name of Parent/ Guardian: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Name of School Student Currently Attends: \_\_\_\_\_

*By signing this form, I instruct GUSD to withdraw my student from the First Grade College Success Fund program. I understand that withdrawal from the program will be permanent and my student will not be able to rejoin the program at a later date.*

Name of Parent/ Guardian (printed): \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office use Only – Do not write below this line**

Processed by: \_\_\_\_\_ Date \_\_\_\_\_

Student ID Number: \_\_\_\_\_