



### Student Withdrawal Report

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Effective Withdrawal Date: \_\_\_\_\_  
 \_\_\_\_\_ Grade: \_\_\_\_\_ Special Ed (circle one): Yes No

Reason for Leaving: \_\_\_\_\_

New Address: \_\_\_\_\_ New School: \_\_\_\_\_  
 \_\_\_\_\_

I (parent/guardian) verify my intent to enroll my student in another school:

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

#### Current Enrollment

Course	Term	Grade to Date	Provider

Registrar: \_\_\_\_\_ Administrator: \_\_\_\_\_

Please return the completed form to the Provo eSchool staff at [eSchool@provo.edu](mailto:eSchool@provo.edu), the eSchool office in the Student Services Building, or mail it to Provo School District: Student Services 280 West 940 North Provo, UT 84604, ATTN: eSchool.

