



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 Provo eSchool staff via email, eSchool@provo.edu; in person at the eSchool office at 1591 N Jordan Ave, Provo, UT 84604; or in the mail, Provo eSchool 280 West 940 North Provo, UT 84604, ATTN: eSchool.

