Student ID# _____ (For office use only)

STUDENT WITHDRAWAL FORM



KENAI PENINSULA BOROUGH SCHOOL DISTRICT CONNECTIONS PROGRAM

143 E. PARK AVE SOLDOTNA, AK 99669 PHONE (907) 714-8880 FAX (907) 262-2859

| Student Name: |
|--|
| Date of Birth: |
| Reason for withdrawal - Please check one: |
| Enrolling in another KPBSD school/School Name:Enrolling in a public AK schoolEnrolling in a private schoolEnrolling in a private schoolHomeschoolingEnrolling in an institute with an educational programGEDDropping out |
| Parent signature: |
| Date: |