

# Niles Community Schools

## Student Withdrawal Form



Thank you for allowing Niles Community Schools to be part of your child's education. We appreciate the time you have been in our district and are sorry to see you leave. Please complete the form below to assist us with our data collection.

Student Information	
Last Name:	First Name:
Date of Birth:	Current Grade Level:

I am withdrawing my student from Niles Community Schools to:

Educate my student in another state.

Name of state: \_\_\_\_\_

Educate my student at another Michigan school.

Name of district and school: \_\_\_\_\_

Educate my student at a private school.

Name of private school: \_\_\_\_\_

Educate my student at home.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_

Office Use Only	Building:	CA-60 Location:
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*Dynamic Learners | Diverse Opportunities | Driven to Succeed*