



Withdrawal Notification Form

Student Full Name:		Date of Withdrawal:
Reason for Withdrawal:		
Last day of attendance at CEC:	Academic plans after withdrawal, include new school name and contact information:	
<input type="checkbox"/> Check this box if your student will be attending homeschool	Date student will begin homeschool:	
Parent/Guardian Name:		Parent/Guardian Phone Number:

Student Signature: _____ Parent/Guardian Signature: _____

***IMPORTANT* Please note:** Proof of enrollment at next school is required (i.e. Request for Student Records sent directly from new school, enrollment certificate or certificate of completion of a GED or similar program, acceptance letter from a post-secondary education institution or program). Records will be sent to student’s new school only upon request from student, parent/guardian or the new school and only after all fees are paid and proof of enrollment at next school is submitted.

Please send to: Colorado Early Colleges Castle Rock 3565 Celestial Ave. Castle Rock, CO 80109	Rip.Engler@coloradoearlycolleges.org Phone: 720-439-4300
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Office Use Only	
Date WD in Infinite Campus: _____	Staff Initials: _____