



Mountain Phoenix
community school

Student Withdrawal Form

Please return to the office. Thank you.

Student Name: _____ Teacher: _____

Student #: _____ Gender: _____ Birthdate: _____

Parent Name: _____ Parent Phone: _____

Parent Email: _____

Reason for Withdrawal (please circle): Relocation Curriculum School Policies
 Administration Teacher(s) Student(s) School Culture

Other _____

(A link to a more extensive exit survey from the Governing Council will be emailed as well)

Name of school student will be attending: _____

Last day of school at MPCs: _____ Start date at new school: _____

New school address: _____

New school phone/fax: _____

My student has an active plan/is receiving services for (circle): IEP 504 ALP ELL

Forwarding address for student (if applicable): _____

(Please be sure to update Jeffco Connect so that your forwarding address will be accessible in the Jefferson County database for future communication)

Parent Signature: _____ Date: _____