

## Delta VISION Home and Community Program Notification of Withdrawal

Full Name of Learner: _____		
Date of Birth : _____	Gender: _____	Current Grade Level: _____
Mailing Address: _____		
City: _____	State: _____	Zipcode: _____
Telephone Number: _____		Cell Phone Number: _____
Name of Parent/Guardian: _____		
Work Telephone Number: _____		
Email Address: _____		

Anticipated last date of attendance at VISION HCP school: \_\_\_\_\_

First scheduled date of attendance in new educational program: \_\_\_\_\_


### REASON FOR WITHDRAWAL (EXIT CODE):

<input type="checkbox"/> *Transferring to another public school within the same district (11) <input type="checkbox"/> *Transferring to another Colorado public school outside the district (13) <input type="checkbox"/> *Transferring to a public school outside of Colorado (14) <input type="checkbox"/> *Transferring to a private school (15) <input type="checkbox"/> *GED Administered by Outside Institution (70) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Receiving Home-Based Instruction/home-schooling (16) <input type="checkbox"/> Long-term Illness/Serious Injury (30) <input type="checkbox"/> Drop out/Discontinued Schooling (40) <input type="checkbox"/> GED completed (93) <input type="checkbox"/> Graduation (90) <input type="checkbox"/> Expelled (50)
---	---

**\*Please provide the following information if the student is transferring to another school or program.**

<b>Name of New School/Program</b>	
<b>Street Address</b>	
<b>City, State and Zipcode</b>	
<b>Country (if other than US)</b>	

Learner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Resource Consultant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments:

---



---