

## Delta VISION Home and Community Program Notification of Withdrawal

Full Name of Learner: _____		
Date of Birth : _____	Gender: _____	Current Grade Level: _____
Mailing Address: _____		
City: _____	State: _____	Zip code: _____
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"/> *Transfer in district (11) <input type="checkbox"/> *Transfer in state (13) <input type="checkbox"/> *Transfer out of state/country (14) <input type="checkbox"/> *Transferring to a non-public school (15) <input type="checkbox"/> Transfer to Home school (16) <input type="checkbox"/> Other _____	<input type="checkbox"/> Long-term Illness/Serious Injury (30) <input type="checkbox"/> Drop out/Discontinued Schooling (40) <input type="checkbox"/> Graduation (90) <input type="checkbox"/> Expelled (50) <input type="checkbox"/> GED -Received GED from outside GED program (94)
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**\*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 Zip code</b>	
<b>Country (if other than US)</b>	

Learner's Signature: _____	Date: _____
Parent/Guardian's Signature: _____	Date: _____
Resource Consultant's Signature: _____	Date: _____

Additional comments:

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