



1051 West 2700 South, Perry, Utah 84302 • Phone: 435-919-1900 • Fax: 435-919-1902

# INTENT TO WITHDRAW STUDENT

*Please complete this form, including signatures, and return it to Promontory Administration to request the transfer of student records and enrollment to a District or Charter School.*

**Parent/Guardian Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

STUDENTS'S FULL NAME	BIRTH DATE	CURRENT GRADE

**Last Day of School at Promontory School of Expeditionary Learning:** \_\_\_\_\_

**Transferring to District School/Charter School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**District School/Charter School Signature:** \_\_\_\_\_

**Signing Employee's Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<i>Promontory Office Use Only</i>	
<input type="checkbox"/> SPED Notified <input type="checkbox"/> Aspire <input type="checkbox"/> Cum File Copied <input type="checkbox"/> Cum File Sent Date _____	<b>Initials:</b> _____