

APPENDIX H – SAMPLE WITHDRAWAL FORM

North Dakota Department of Public Instruction

NOTIFICATION OF SUPPLEMENTAL SERVICES—Withdrawal from supplemental services

Parent/Guardian: Please complete the following information and return this form to the school. Until this form is submitted, your child is registered at the school as receiving supplemental services.

Date: _____

Name of Student: _____

Name of Parent: _____

Supplemental Services Provider: _____

Please select:

- I would like to withdraw my child from participation in supplemental services.
- I would like to withdraw my child from receiving supplemental services from the following provider: _____. I have selected a new provider and would like to request enrollment of my child at the following provider: _____.

- I would like to withdraw my child from receiving supplemental services from the following provider: _____.

Please contact me to help me choose a new provider.

Daytime Telephone: _____ Email: _____

The reasons that I am requesting to withdraw my child from the supplemental services provider listed above are as follows:

- _____
- _____
- _____

Parent Signature:	_____
Address:	_____
Work Telephone:	_____
Home Telephone:	_____
Date:	_____