PARK CITY SCHOOL DISTRICT

EDUCATIONAL EXCELLENCE

2700 KEARNS BOULEVARD
PARK CITY, UTAH 84060

435/645-5600
435/645-5609 FAX

DUAL IMMERSION PROGRAM OFFICIAL PARENT NOTICE OF WITHDRAWAL OF STUDENT

Student: _____
Last Name **First Name** **Middle Initial**

School: _____ **Primary First Language:** _____

Grade: _____ **Gender:** ☐ **Male** ☐ **Female** **Birth Date:** _____

Primary Reason for Withdrawal:
Select the following that best describes why the student is withdrawing from the school/program.

☐ Transfer to another school (list school) _____

☐ Illness

☐ Transfer to be home taught

☐ Drop out of program

☐ Vacation (from _____ to _____)

☐ Absence or status unknown

☐ Other (list reason) _____

Last Day of Attendance: _____
month / day / year

_____ _____
Parent/Guardian Signature **Date**

_____ _____
School Official Signature **Date**