



NC Pre-K Student Withdrawal Form

Instructions: Complete this form when a NC Pre-K Student leaves your facility.

SITE/STUDENT INFORMATION		
NC Pre-K Site:	Classroom Number:	Lead Teacher:
Student's First Name:	Student's Last Name:	
Student's Date of Birth:	Effective Date:	
CURRENT FAMILY CONTACT INFORMATION		
Parent/Guardian Name:		
Home Address:		
Home Phone:	Mobile Phone:	Email:
FORWARDING CONTACT INFORMATION (IF APPLICABLE/PROVIDED)		
Home Address:		
Home Phone:	Mobile Phone:	Work Phone:
REASON FOR WITHDRAWAL/SITE COMMENTS		
SIGNATURES		
_____ Parent/Guardian Signature (not required)	_____ Date	_____ Administrator Signature (required)
_____ Date		
Return completed form to: Guilford County Partnership for Children, ATTN: Patra Gorham, 500 W. Friendly Ave, Suite 100 Greensboro, NC 27401 or fax (336)274-5447 or email scanned form to patrag@guilfordchildren.com		
★★★CONTRACT ADMINISTRATOR USE ONLY★★★		
Received by: _____		Date Received: _____