NC Pre-K Student Withdrawal Form

Instructions: Complete this form when a NC Pre-K Student leaves your facility. *All fields required unless noted otherwise.*

SITE/STUDENT INFORMATION

NC Pre-K Site: _____ **Classroom #:** _____ **Lead Teacher:** _____

Student's First Name: _____ **Student's Last Name:** _____

Student's Date of Birth: _____ **Last Day Attended:** _____

CURRENT FAMILY CONTACT INFORMATION

Parent/Guardian Name: _____ **Email:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Phone Number: _____ **Alternate Phone Number:** _____

FORWARDING CONTACT INFORMATION (IF APPLICABLE/PROVIDED)

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Primary Phone Number: _____ **Alternate Phone Number:** _____

REASON FOR WITHDRAWAL/SITE COMMENTS

☐ Child Moved Out of the Service Area
☐ Child Moved to Another NC Pre-K Classroom
☐ Child Moved to a Non-NC Pre-K Classroom
☐ Disruptive Behavior – Child Moved to an Alternate Setting
☐ Parent Choice
☐ Transportation Problem
☐ End of Program Year
☐ Other (Please Explain):

SIGNATURE

_____ _____

Administrator Signature | Date

RETURN COMPLETED FORM BY

Email/Scan:
attendance@guilfordchildren.org

OR

Mail:
Guilford County Partnership for Children
ATTN: Susan Brady
4900 Koger Boulevard, Suite 151
Greensboro, NC 27407

OR

Fax:
(336) 274-5447
ATTN: Susan Brady

★ CONTRACT ADMINISTRATOR USE ONLY ★

Received By: _____ **Date Received:** _____