

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: _____ Effective Date: _____

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Child Moved Out of the Service Area | <input type="checkbox"/> Disruptive Behavior – Child Moved to an Alternate Setting | <input type="checkbox"/> End of Program Year |
| <input type="checkbox"/> Child Moved to Another NC Pre-K Classroom | <input type="checkbox"/> Parent Choice | <input type="checkbox"/> Other (Please Explain): |
| <input type="checkbox"/> Child Moved to a Non-NC Pre-K Classroom | <input type="checkbox"/> Transportation Problem | |

SIGNATURE

 Administrator Signature Date

RETURN COMPLETED FORM BY

Email/Scan: savannahb@guilfordchildren.org	OR Mail: Guilford County Partnership for Children ATTN: Savannah Brown 500 W. Friendly Avenue, Suite 100 Greensboro, NC 27401	OR Fax: (336) 274-5447
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★ CONTRACT ADMINISTRATOR USE ONLY ★

Received By: _____ Date Received: _____