

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

- | | | |
|--|--|--|
| <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:
susanb@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

★ CONTRACT ADMINISTRATOR USE ONLY ★

Received By: _____

Date Received: _____