

## 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:**  
savannahk@guilfordchildren.org

OR

**Mail:**  
Guilford County Partnership for Children  
ATTN: Savannah Kirkman  
500 W. Friendly Avenue, Suite 100  
Greensboro, NC 27401

OR

**Fax:**  
(336) 279-7404

★ **CONTRACT ADMINISTRATOR USE ONLY** ★

Received By: \_\_\_\_\_

Date Received: \_\_\_\_\_