The purpose of this form is to collect withdrawal information so student records can be properly transferred and archived.

**Please check the option that identifies your child’s next educational choice**:

* My student is enrolling in another public school in Washington State.

Enrolling school district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolling School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* My student is moving out of Washington State.
* My student is receiving home-based instruction.
* My student is attending a private school.
* My child is sixteen years of age or older and:
* he or she is regularly and lawfully employed and I agree that he or she should not be required to attend school; or
* he or she is emancipated in accordance with RCW chapter 13.34; or
* he or she has already met graduation requirements in accordance with the State Board of Education rules and regulations; or
* he or she has received a certificate of educational competence under rules and regulations established by the State Board of Education under RCW 28A.305.190

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Student Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Please note: Your student will remain enrolled at CVA until this form has been received. Please complete the information above and fax it to the CVA-Central Enrollment Office at 509-937-2671.