

**OJO ELEMENTARY SCHOOL STUDENT WITHDRAWAL FORM**  
**Ojo Elementary School**  
**Ojo Caliente, New Mexico 87549 Phone: (505) 583-2316**  
**Fax: (505) 583-2105**



Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle

Student ID No. \_\_\_\_\_ Grade \_\_\_\_\_

Withdrawal Date \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reason for Withdrawal**

- |   |  |
|---|--|
| <input type="checkbox"/> Transfer to another MVC School | <input type="checkbox"/> Transfer to Private School                      |
| <input type="checkbox"/> Home schooled                  | <input type="checkbox"/> Absent 10 consecutive days-expected to re-enter |
| <input type="checkbox"/> Transfer Outside of the State  | <input type="checkbox"/> Other _____                                     |

Days Present This School Year \_\_\_\_\_ Days absent this School Year \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Reading Level and Grade Equivalent \_\_\_\_\_

Math Level and Grade Equivalent \_\_\_\_\_

Other notes: \_\_\_\_\_

Special Services Provided:  Yes  No

New Home Address \_\_\_\_\_

Name/Address of New School \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_/\_\_\_\_\_  
Teacher Signature Date

\_\_\_\_\_/\_\_\_\_\_  
Principal/School Representative Signature Date

**Staff: Please initial to confirm notification.** Library \_\_\_\_\_ Nurse \_\_\_\_\_ Reading Spec. \_\_\_\_\_  
Math Spec. \_\_\_\_\_

**A copy of this withdrawal form should be taken to the new school to assist in registration.  
The student's educational record will be forwarded to the receiving school upon request**