## MONTEBELLO CHRISTIAN SCHOOL

136 So. 7<sup>th</sup> Street, Montebello, CA 90640-(323)728-4119

## **Student Withdrawal Form**

Student Name:		Male Female
Date of Birth:	Grade:	Withdrawal Date:
Parent/Guardian Name:	TE	Telephone:
Forwarding Address:		
Please prin	nt clearly and include	e city, state and zip code
Reason for Withdrawal:	* * ^	* *
Transfer to Public School		
Transfer to another Private School		
Transfer to another California School	pl	
Name:	Location:	
Transfer Out of State		
Home School		
Other:		
Name of New School:		
School Address (if Known):		
City, State, Zip Code:		
Telephone:	F	ax:
Parent/Guardian Signature		Date
or independent study program, and in many instal Affidavit (PSA) with the California Departme	nces by opening their on the of Education (CDE).	ome: through an existing private school, through a public charter with private home-based school and filing the Private School.  The CDE does not provide guidance on how to home uires a copy of the Affidavit to be kept at the school.
Student educational records will be for	rwarded to the r	receiving school upon written request.
For Office Use Only:		
Date Student Records Sent		Sent By