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<http://www.virtualhse.com>

## Official Notice of Pupil Withdrawal

### Virtual High School of Excellence

Student Information					
1. Student's Legal Last Name		2. Student's Legal First Name		3. Middle Name	4. Sr/Jr/2 <sup>nd</sup> /3 <sup>rd</sup>
5. SAIS Student ID	6. School Student ID	7. Grade Level	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Date of Birth (mm/dd/yyyy)  / /
10a. Primary Withdrawal Type Select the following that best describes why the student is withdrawing from school:  <input type="checkbox"/> W1 Transfer to another school <input type="checkbox"/> W2 Illness <input type="checkbox"/> W3 Expelled or long term suspension <input type="checkbox"/> W4 Absence or status unknown <input type="checkbox"/> W5 Dropout <input type="checkbox"/> W6 Age <input type="checkbox"/> W7 Graduated <input type="checkbox"/> W8 Deceased <input type="checkbox"/> W9 Transfer to be home taught <input type="checkbox"/> W10 Transfer to detention <input type="checkbox"/> W11 GED <input type="checkbox"/> W12 Continuing studies at vocational or technical school <input type="checkbox"/> W13 Completed course requirements but did not pass AIMS  <input type="checkbox"/> Other _____		10b. Additional Withdrawal Reason (Optional) Select one of the following only if applicable:  <input type="checkbox"/> WR1 School identified for Federal School Improvement <sup>1</sup> <input type="checkbox"/> WR2 School identified as persistently dangerous <sup>1</sup> <input type="checkbox"/> WR3 Individual Transfer Option (victim of a violent crime or criminal act) <sup>1</sup> <input type="checkbox"/> WR4 Pregnancy / Biological Parent of a Child <sup>2</sup>  <sup>1</sup> In accordance with No Child Left Behind <sup>2</sup> In accordance with ARS §15-1042.H.  <u>Note for WR1 and WR2</u> <i>If a school does not have this designation, or if a student transfers to another school with the same designation, then this withdrawal reason is invalid</i>		11. Last day of attendance (mm/dd/yyyy)          / /	
12. Parent/Guardian Signature				13. Date (mm/dd/yyyy)  / /	
Information is certified correct according to School records					
14. School		15. District /Charter# (CTD)	16. School # (S)	17. Withdrawal Code (based on 10a.)  W ____	
18. School Official Signature				19. Date (mm/dd/yyyy)  / /	

Note: If parent or guardian is unable to sign this form, the school district should indicate the reason the signature was not obtainable. Fill out and Fax to our office at 866-230-0259

Form #: ADE-41-123, rev 5/2004; in compliance with ARS 15-827.