

# INTENT TO RETURN

**PLEASE FILL OUT ONE FORM PER CHILD.**

## STUDENT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Current Grade \_\_\_\_\_ Year of enrollment in Breakthrough Montessori \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

## REASON FOR TEMPORARY WITHDRAWAL OF ENROLLMENT

Please mark one

Military deployment of a parent/guardian requires the family to leave the District of Columbia.

Diplomatic assignment of a parent/guardian requires the family to leave the District of Columbia.

Other (please describe)

## CONFIRMATION OF INTENT TO RETURN

As of \_\_\_\_\_ (dd/mm/year), our family no longer lives in the District of Columbia

*The student listed above is not leaving to attend another school in the District of Columbia (DCPS, charter or independent)*

*Our leave of absence is due to military deployment, diplomatic assignment, or other need to temporarily reside outside of the District of Columbia of one of both of the student's custodial guardians.*

*Our family will return to the District of Columbia upon completion of the deployment/assignment on \_\_\_\_\_ (dd/mm/year).*

*We intend to re-enroll our child at Breakthrough Montessori Public Charter School upon return to the District of Columbia.*

*We understand that if we enroll the student in another District of Columbia School (either DCPS, charter or independent), either before or after deployment/assignment, we forfeit our seat at Breakthrough Montessori Public Charter School.*

# INTENT TO RETURN

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

## FOR OFFICE USE

Receiving Administrator Name: \_\_\_\_\_

Receiving Administrator Signature: \_\_\_\_\_

Date received: \_\_\_\_\_