SCHOOL YEAR 2018-19

WITHDRAWAL OF ENROLLMENT

Breakthrough MONTESSORI

STUDENT INFORMATION

First Name _____ Last Name _____

Current Grade at Breakthrough Montessori _____

Enrolling School (2018-19), if known _____

PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____

REASON FOR WITHDRAWAL OF ENROLLMENT

☐ My family is moving outside of the District of Columbia.
☐ My family is moving within the District of Columbia.
☐ I am enrolling my child in a DCPS in-boundary school.
☐ I am enrolling my child in another school participating in the My School DC Lottery.
☐ I am enrolling my child in an independent school.
☐ I have decided not to enroll my child in school for the 2018-19 school year.
☐ Other: _____

CONFIRMATION OF WITHDRAWAL

Please read and check all boxes below.

☐ I understand that this form indicates my decision to withdraw the student above from Breakthrough Montessori Public Charter School for the 2018-19 school year.
☐ I understand that I cannot maintain enrollment at more than one school for 2018-19.
☐ I understand that once this form is submitted, I will give up my space at Breakthrough Montessori Public Charter School for the next school year (2018-19) and that the School will award my space to another family.

RELEASE OF RECORDS

Please read and check the box below.

☐ I hereby authorize the enrolling school to request records from Breakthrough Montessori Public Charter School for the student above. I also hereby authorize the enrolling school to request records from any other previous schools that the student above has attended. I understand that the enrolling school will not further transfer or communicate the records to any other party or agency without my express written consent except under authority of the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99).

Parent/Guardian Name: _____

Parent/Guardian Signature _____

Date _____