

**PRIVATE SCHOOL
WITHDRAWAL NOTIFICATION FORM
MARICOPA COUNTY SCHOOLS
Sandra E. Dowling, Superintendent**

**According to ARS 15-802, when you withdraw your child from private school,
you are required to notify the county school superintendent.**

WITHDRAWN FROM Name of Private School _____

Address of School _____ City _____ Zip _____



Child Last Name _____ First Name _____ Middle Name _____

Date of Birth _____

Parent Last Name _____ First Name _____ Telephone _____ - _____ - _____

Address _____ City _____ Zip _____

ENROLLED IN Name of Public School _____

ENROLLED IN Name of Charter School _____

ENROLLED IN HOME SCHOOL If you have chosen the home school option, an information and affidavit packet will be mailed to you.

PARENT SIGNATURE _____

Mail to: 301 West Jefferson, Suite 660, Phoenix, AZ 85003, or Fax to: 602-506-3753