Request To Withdraw From Open Enrollment

To the School Board of		and
	(Resident School District)	(Non-Resident School District
Please allow my student(Student's Name)		to withdraw from the open
enrollment program.	(Stadent's Name)	
Reason:		
(Signature of Parent/Gu	ardian)	(Date)
(2)		(C') C. I. O. T. I.
(Parent/Guardian Address)		(City, State, & Zip)
(Signature of Designated School Official for Resident School)		(Date)
(Signature of Designated Sch	chool) (Date)	