

Rhode Island withdrawal letter

Your name

Street address

City, State ZIP

Date

Superintendent or principal name

School or district name

Street address, city, state ZIP

Dear Administrator or Principal,

We have elected to pursue home education for our child and request that you drop the following student from your enrollment rolls as of the date above:

Student name, grade, and date of birth

Please forward to us, at the address above, copies of all records in your files on the above-named student, including health records, standardized test results, evaluations, and any other reports. Please include a signed, dated ("received by") copy of this letter so our records are complete.

We understand you have statutory responsibility for investigating suspected truancy of public school students. This letter releases the public school system from that responsibility for the student named above, as of the date above. You may not include this student in your enrollment count for the purpose of obtaining state or federal funds after this date.

Thank you for your attention to this matter. If you have any questions, please submit them to us in writing at the address above.

Respectfully,

Parent or guardian signature and date

Printed name

To be completed by the receiving school official:

Signature of school official ("Received By") and date

Printed name of school official