



STUDENT WITHDRAWAL FORM

Navigator Pointe Academy
6844 S Navigator Drive
West Jordan, UT 84084
801-840-1210 Office
801-840-1236 Fax

I am withdrawing my child, _____, grade _____, from
Navigator Pointe Academy. My child's last day will be _____.
(date)

Reason for withdrawal:

Beginning _____, my student will be:
(date)

____ enrolled in another charter school: _____

____ enrolled in the school located in our district of residence: _____

____ (other – please specify): _____

My signature below authorizes release of my students' complete academic, discipline, medical, confidential and special education records to the school listed above.

Respectfully,

Parent Signature

Date Signed

Parent Name: _____

Parent Address: _____

Parent City, State & Zip: _____

Parent Phone Number(s): _____

FOR OFFICE USE ONLY

Exit interview with school administrator: YES NO

Administrator: _____ Date: _____

Notes:

Official Withdrawal Date: _____ Date Withdrawn from Compass: _____ Initials: _____