



Poudre River School

An independent school for Colorado families

Notice of Withdrawal

Child(ren) to be withdrawn: (names of any additional children attached)

Name	Date of Birth

Place of Residence

Address: _____

City: _____ State: _____ Zip: _____

Parent / Guardian Names: _____

I/we are withdrawing the children listed above from your school as of _____. They will be enrolled in Poudre River School, an independent school pursuant to C.R.S 22-33-104(2)(b).

Please provide written confirmation of the withdrawal from your school for each child listed above. Enrollment or transfer verification may be requested by email to sandi@poudreriverschool.com or by fax to 970-460-8935 after the withdrawal date listed above.

If you have any questions, please feel free to submit them in writing.

Authorized Signature: _____ Date: _____
parent/guardian signature