

**APPLICATION FOR THE DISCONTINUATION OF THE ENROLLMENT OF
STUDENTS YOUNGER THAN SEVEN YEARS OF AGE**

Student's Name: _____

Date of Birth: _____

Address: _____

Grade Level: _____

Teacher: _____

Parent or Guardian Name: _____

Address: _____

I hereby request that my child's enrollment at Madison County School District No. 0002 be discontinued. I certify that I am the parent, guardian, or person with the legal or actual charge or control of the above named student. I further certify that my child is or will be younger than seven years of age on or before October 15 of the current or upcoming school year. To the best of my knowledge, the attached birth certificate or other attached documentation verifying my child's age is an accurate, correct, and unaltered copy.

Parent(s) or Guardian's Signature

Date

SUBSCRIBED AND SWORN before me this _____ day of _____, _____

Notary Public