SAMPLE WITHDRAWAL LETTER

Paul & Penny Parent	(Your Name and Addres	ss)
1983 Liberty Dr		
Responsibility, MO 6xxxx		
July 8, 20 Dr. Joseph Administrator, Supt.	(Current Date) (Your Superintendent's (OR Principal's
18 Public Street	Name and Address)	
Responsibility, MO 6xxxx		
Dear Dr. Administrator:		
Pursuant to the provisions of Chapteth grade son/daughter, (child's r		elected to educate our
Please forward copies of all records the above address. Include copies of all other evaluations, records and remade pursuant to the Parental Right signed, "date received" (stamped so our records will be complete.	of all health records, standard eports presently in your files. (ts and Responsibility Act of 1	lized test results, and (Note: This request is 974.) Please include a
We realize that you have statutory r suspected truancy regarding public to release the public school system	school students. Therefore, t	
It must be pointed out, however, that "declaration of enrollment" or registre 167.042 (RSMo), nor are you permit count for the purpose of obtaining statements.	ration, which is an <u>option</u> cont tted to include our child(ren) a	tained in Chapter
Thank you for your attention in this them to us in writing.	matter. If you have any quest	ions, please submit
Respectfully,		
(Sign your letter here)		
Paul & Penny Parent		
P.S. You can find the relevant Misso and 210.167 RSMo on the web at: (·	•
Signature of School Official? Receiv	ved By?	Date Received
Printed Name of School Official		

Note to parents: The "P.S." is optional. If you photocopy the pages from "First Things First," please mask the page numbers, FHE logo, the notes from FHE, and clipart. It would be best if you obtained your copies of the statutes from another source like the Missouri government website (www.revisor.mo.gov/main/Home.aspx)