



**ACKNOWLEDGEMENT OF OPTION TO WITHDRAW
CHILD SEVENTEEN YEARS OF AGE FROM SCHOOL**

I, _____, of _____,
Name of parent/guardian or other Street Address

the parent, guardian, or other person charged with the care of the following minor child:

_____, of _____,
Name of child/student Street Address

born on _____, do hereby elect to withdraw my child
Date of Birth

from public school. Furthermore, before signing this form, a representative of the Clinton Public Schools has met with me and provided information concerning the educational options in the school system and the community.

ATTESTMENT BY:

Signature of School Counselor

Date

or

Signature of School Administrator

Date

ACKNOWLEDGED BY:

Signature of Parent/Guardian/Other

Date

*In the case of a child, **seventeen years of age** or older who voluntarily terminates enrollment in a school district and subsequently seeks readmission, the local or regional board of education for the school district may deny school accommodations to the child for up to ninety school days from the date of such termination. Unless the child seeks readmission to the school district not later than ten school days after the termination in which case, the board shall provide school accommodations to the child not later than three school days after the child seeks readmission.*