



PRIVATE SCHOOL FORM
PUPIL WITHDRAWAL and CHANGE OF ADDRESS

According to ARS 15-802

You are required to notify the school superintendent if you discontinue private school.
If you move, use this form to update information on your student's affidavit of intent.

NAME OF CHILD _____

DATE OF BIRTH _____ ADDRESS _____

CITY _____ ZIP CODE _____ TELEPHONE _____

PARENT NAME (Print) _____ PARENT'S SIGNATURE _____

DISCONTINUED HOME SCHOOL YES NO

CHANGES IN INFORMATION

OLD ADDRESS _____ CITY _____ ZIP _____

NEW ADDRESS _____ CITY _____ ZIP _____

NAME OF SCHOOL DISTRICT FOR NEW ADDRESS _____

Please Fax (520) 779-6571 or mail to:
Cecilia Owen
Coconino County Superintendent of Schools
110 E. Cherry Ave.
Flagstaff, AZ 86001
(520) 779-6591