

Parental Consent for School Withdrawal

Date: _____

To Whom It May Concern,

I, [Parent/Guardian Name], am the parent/guardian of [Child's Full Name], who is currently enrolled in [School Name] in the [Grade/Class Name].

This letter is to formally request the withdrawal of my child from [School Name] effective [Withdrawal Date].

We have made this decision after careful consideration and believe it is in the best interest of our child at this time.

Please let us know if there are any forms or procedures we need to complete to facilitate this withdrawal.

Thank you for your understanding and support.

Sincerely,

[Parent/Guardian Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]