

ILLINOIS LETTER OF WITHDRAWAL

Parent(s)' Name(s):

Address on Record: _____

Mailing Address if different from above: _____

Child(ren) to be withdrawn: _____

This is to notify you that I/we will be withdrawing the above child(ren) from your school as of _____ to privately educate pursuant to Illinois Compulsory Attendance Law in 105 ILCS 5/26-1.

Our child(ren) will receive instruction in several subjects, including language arts, mathematics, social studies, physical and biological science, fine arts, physical development and health. Instruction in these subjects will be in the English language.

If you have any additional questions regarding our child(ren)'s education, please feel free to write at the address above. A request for Release of School Records is submitted along with this Letter of Withdrawal.

Parent's Signature

Parent's Signature

**PARENT AUTHORIZATION
RELEASE OF SCHOOL RECORDS**

In accordance with the Family Educational Rights and State Law, I hereby authorize and request the release of all records, including grades and health records, and any other information in student files for the following student(s):

Name: _____
Birth Date: _____ **Grade:** _____

Name: _____
Birth Date: _____ **Grade:** _____

Name: _____
Birth Date: _____ **Grade:** _____

Name: _____
Birth Date: _____ **Grade:** _____

Date: _____

Parent/Guardian Signature: _____

Records To Be Released From: (School Name & Address):

All Records To Be Mailed or Released To:

Name: _____

Address: _____

Phone: _____