



# Santa Ana Unified School District

Pupil Support Services

Date of Submission: \_\_\_\_\_ Requested Date of Transfer: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ ID: \_\_\_\_\_

I declare that I am the parent/guardian of the student listed above and I am withdrawing my son/daughter from this school due to the following reason(s):

- Requesting a different school in SAUSD \_\_\_\_\_
- Moving to another city, state or country \_\_\_\_\_
- Attendance and/or discipline concerns \_\_\_\_\_
- Enrolling in a private school/charter \_\_\_\_\_
- Other reason(s): \_\_\_\_\_

As a parent I know it is my responsibility to enroll my son/daughter in a school immediately. I am aware that Pupil Support Services will assist with this process.

- **I declare under penalty of perjury under the laws of California that the above statements are true and correct.**

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
New Address /Phone (if applicable)

**OFFICE STAFF – FAX INFORMATION TO: MARIA VANQUACKENBUSH AT (714) 433-3494**

### PSS (Office Use Only):

Withdrawal Approved – Enrollment Appointment Confirmed  Declined

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PSS Official Signature: \_\_\_\_\_