



Santa Ana Unified School District

Pupil Support Services

Stefanie P. Phillips Ed.D., Superintendent

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: _____