

**8320.2-Application for Discontinuation of Enrollment Form**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade Level \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

I hereby request that my child's enrollment in the Grand Island Public Schools be discontinued for the following reason:

\_\_\_\_\_ My child has reached the age of sixteen years and such child's parent or guardian has signed a notarized release discontinuing the enrollment of the child on a form provided by the school.

\_\_\_\_\_ My child will reach six years of age prior to January 1 of the then-current school year, but will not reach seven years of age prior to January 1 of such school year, (2) parent or guardian has signed an affidavit stating that the child is participating in an education program that the parent or guardian believes will prepare the child to enter grade one for the following school year, and (3) such affidavit has been filed by the parents or guardian with the school district in which the child resides.

\_\_\_\_\_ My child will reach six years of age prior to January 1 of the then- current school year but will not reach seven years of age prior to January 1 and the child will participate in a non-accredited or approved private, denominational, or parochial school pursuant to NE Rev Stat 79-1601.

Name of attending school:

\_\_\_\_\_

I certify that I am the parent, guardian, or person with the legal or actual charge or control of the above-named student. I further certify that to the best of my knowledge, the attached birth certificate or other attached documentation verifying my child's age is an accurate, correct, and unaltered copy.

\_\_\_\_\_  
Parent(s) or Guardian's Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public