


Eagle Point School District 9

Code: **JHFDA-AR(2)**
 Revised/Reviewed: 11/14/01; 12/09/15

Notice of Withdrawal

		Notice of Student Withdrawal From School (Request to Suspend)		Send To: DMV Driver Suspensions 1905 Lana Ave. NE Salem, OR 97314	
Student Name (Print Last, First, Middle)					
Student Address				Gty	State Zip Code
Date of Birth (MM/DD/YYYY)		Oregon Driver License/ID Number (If Known)		Last Day of Attendance (MM/DD/YYYY)	
This is notification that the above named student has withdrawn from school per ORS 339.257. We have established a policy that complies with ORS 339.257 which includes a provision allowing the student to appeal our decision to notify the Department of Transportation of their withdrawal from school.					
Name of School District or Private School				Telephone Number ()	
Address				Gty	State Zip Code
Title: <input type="checkbox"/> School District Superintendent <input type="checkbox"/> School Board Member/Superintendent <input type="checkbox"/> Authorized Representative of Private School					
Name of Authorized Person (Please Print)					
Signature X				Date	

735-7186 (-00)

White copy to DMV, Yellow copy for your records

STK# 300161