

Jackson County School District 9

Code: **JHFDA-AR(2)**
Adopted: 11/14/01

Notice of Withdrawal

Student Name (Print Last, First, Middle)			
Student Address		City	State Zip Code
Date of Birth (MM/DD/YYYY)	Oregon Driver License/ID Number (If Known)	Last Day of Attendance (MM/DD/YYYY)	
<p>I hereby notify the Department of Transportation to suspend the driving privileges of the above named student because the student is considered to have withdrawn from school per ORS 339.257 (2). The policy adopted under ORS 339.257 meets all requirements of the law including: The number of days of unexcused absence; the age of the student; and, a provision allowing the student to appeal this decision.</p>			
Name of School District or Private School		Telephone Number ()	
Address		City	State Zip Code
<p>Title:</p> <p style="text-align: center;"> <input type="checkbox"/> School District Superintendent <input type="checkbox"/> School Board Member/Superintendent <input type="checkbox"/> Authorized Representative of Private School </p>			
Name of Authorized Person (Please Print)			
Signature X		Date	

735-7186 (-00)

White copy to DMV, Yellow copy for your records

STK# 300161