

Silver Falls School District 4J

Code: **JHFDA-AR(2)**
 Adopted: 11/13/00

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)	
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Transportation to suspend the driving privileges of the above named student because the student is considered to have withdrawn from school per ORS 339.257(2).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			
Name of School District or Private School	Telephone Number ()		
Address	City	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	Date		