



LOS ANGELES UNIFIED SCHOOL DISTRICT

Ramon C. Cortines  
Superintendent of Schools

Dr. Shelley Weston  
Assistant Superintendent  
Secondary Instruction

Janice Davis  
Director, High School Programs

Jack Bagwell  
Elementary Director, Local District 2

Carlson Home/Hospital School  
10952 Whipple Street  
North Hollywood, CA 91602  
Telephone: (818) 509-8759  
Facsimile: (818) 505-0246

Joe Salvemini  
Principal

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Track

I declare that I am the parent/guardian of \_\_\_\_\_ and I am withdrawing my son/daughter from this school due to the following reason (mark all that apply):

(L2)  Enrolling in an LAUSD school—please indicate:  
 previous school /  different school \_\_\_\_\_  
Name of new LAUSD school

(L3)  Moving to another city in California. City name: \_\_\_\_\_

(L4)  Enrolling in a private/non-public school. School name: \_\_\_\_\_

(L5)  Moving to another state. Name of state: \_\_\_\_\_

(L5)  Moving to another country. Name of country: \_\_\_\_\_

I assure you that I will enroll my son/daughter in a school within a reasonable period of time.

*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

\_\_\_\_\_ New Phone Number \_\_\_\_\_ Date

(L1)  Student is expected to continue with Carlson. (PARENT SIGNATURE **NOT** REQUIRED!)

\_\_\_\_\_ Carlson Teacher's Name \_\_\_\_\_ Carlson Teacher's Signature

