



## Corvallis Waldorf School Student Withdraw Form

The Corvallis Waldorf School greatly appreciates your feedback regarding reasons for leaving our school community. Honest and thorough responses on this form, and to an exit interview, will help us to improve our school. Comments from graduating students & their families are appreciated, and valued, as we work toward strengthening our programs.

Student(s) Name(s) \_\_\_\_\_

\_\_\_\_\_

The child(ren) named above was(were) withdrawn, or graduated from Corvallis Waldorf School on this date \_\_\_\_\_. The parent or guardian, whose signature is present at the bottom of this document, authorizes withdraw.

Current phone number: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Current email address: \_\_\_\_\_

If moving, new address: \_\_\_\_\_

Would you like to remain on our mailing and email lists? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Parent/Guardian Comments:

\_\_\_\_ I prefer my comments only be used for internal purposes (personal information will be kept confidential)

\_\_\_\_ I agree to an exit interview with either the Enrollment Coordinator or School Administrator.

\_\_\_\_ I prefer to be contacted by a faculty member or board member.

\_\_\_\_ I do not wish to be contacted for an exit interview.

*Please make sure your account with us is settled and closed.*

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Class Teacher (s): _____
Administrator: _____ Date: _____