Greenville Public School District
Office of Special Services
430 N. Martin Luther King, Jr. Blvd.
Greenville MS 38701
Ph. (662) 334-2862 Cell (662) 820-6966 Fax (662) 334-6598

Dr. Janice McKinnie Monroe, Director

REQUEST FOR WITHDRAWAL FROM THE SPECIAL EDUCATION PROGRAM

Name of Student: _____ School: _____

We hereby request that our child (named above) be dismissed from the Special Education program, and all related services.

We appreciate the services that have been rendered to our child in the past; however, we feel that it is in our child's best interests to withdraw from the program at this time.

It has been explained to us that, should we decide that our child does, indeed, need the services of the Office of Special Education after all, he/she will be eligible **until the following date:**

_____
(Date three years from date of PPDS ruling)

Parent(s)/Guardian(s) Signature(s):

_____

_____

Date of Withdrawal: _____