

INTENT TO RETURN

PLEASE FILL OUT ONE FORM PER CHILD.

STUDENT INFORMATION

First Name _____ Last Name _____

Current Grade _____ Year of enrollment in Breakthrough Montessori _____

PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____

REASON FOR TEMPORARY WITHDRAWAL OF ENROLLMENT

Please mark one

Military deployment of a parent/guardian requires the family to leave the District of Columbia.

Diplomatic assignment of a parent/guardian requires the family to leave the District of Columbia.

CONFIRMATION OF INTENT TO RETURN

As of _____ (dd/mm/year), our family no longer lives in the District of Columbia

The student listed above is not leaving to attend another school in the District of Columbia (DCPS, charter or independent)

Our leave of absence is due to military deployment or diplomatic assignment of one of both of the student's custodial guardians.

Our family will return to the District of Columbia upon completion of the deployment/assignment on _____ (dd/mm/year).

We intend to re-enroll our child at Breakthrough Montessori Public Charter School upon return to the District of Columbia.

We understand that if we enroll the student in another District of Columbia School (either DCPS, charter or independent), either before or after deployment/assignment, we forfeit our seat at Breakthrough Montessori Public Charter School.

INTENT TO RETURN

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

FOR OFFICE USE

Receiving Administrator Name: _____

Receiving Administrator Signature: _____

Date received: _____