

Notification of Schooling Intentions

I, _____ (guardian name), do by withdraw my child
_____ (student name) from Wiscasset Middle High
School. My child is _____ (age). At the age of seventeen, I understand that I can
allow my child to discontinue all schooling. If my child is sixteen years of age, I accept that I
must develop a plan to continue his/her education and have said plan approved by the
Superintendent or assigned designee of WMHS.

Signature of Guardian

Date

The following section must be complete if student is sixteen years of age.

I plan to do the following to continue my child's educational programming:

- ☐ Enroll in an Adult Education Program in _____ (town).
- ☐ Enroll in the Job Corp Program.
- ☐ Enroll in homeschooling and submit all necessary paperwork to the Department of Education.
- ☐ Other _____

I understand that verification from these agencies must occur to ensure compliance with the law.

Signature of Guardian

Date