Port Orford-Langlois School District 2CJ

Code: JHFDA-AR(2)
Adopted: 11/14/00
Readopted: 6/8/04
Orig. Code(s): JHFDA-AR(2)

Notice of Withdrawal

Student Name (Print Last, First, Middle)		
Student Address City State Zip Code		
Date of Birth (MM/DD/YYYY)	Oregon Driver License/ID Number (If Known)	Last Day of Attendance (MM/DD/YYYY)
I hereby notify the Department of Transportation to suspend the driving privileges of the above named student because the student is considered to have withdrawn from school per ORS 339.257 (2). The policy adopted under ORS 339.257 meets all requirements of the law including: The number of days of unexcused absence; the age of the student; and, a provision allowing the student to appeal this decision.		
Name of School District or Private School		Telephone Number ( )
Address City State Zip Code		
Title: ☐ School District Superintendent ☐ School Board Member/Superintendent ☐ Authorized Representative of Private School		
Name of Authorized Person (Please Print)		
Signature X		Date

735-7186 (-00) White copy to DMV, Yellow copy for your records STK# 300161