



# Bellevue School District's Advanced Learning Complete Withdrawal from the Self-Contained, Differentiated or Domain-Specific Services Form

**Return this form via**

US Mail: Advanced Learning Dept. **OR** Email: [advancedlearning@bsd405.org](mailto:advancedlearning@bsd405.org)  
 Bellevue School District  
 P.O. Box 90010  
 Bellevue, WA 98009

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

**CURRENT** School: \_\_\_\_\_

BSD Student ID: \_\_\_\_\_ **CURRENT** Grade Level: \_\_\_\_\_  
 (If known)

**WHEN WOULD YOU LIKE FOR THIS REQUEST TO BE EFFECTIVE?**

- Immediately (ASAP)
- At the end of the current school year
- Other date \_\_\_\_\_

**OPTION 3**

I wish to have my child withdraw from full-time, self-contained (SCS), differentiated or domain-specific services and instead participate in general education services in the neighborhood, choice or private school at the following school:

Neighborhood/Choice/Private School: \_\_\_\_\_

*\*Please note: If a student completely withdraws and returns to the program within one school year, that student does not need to retest. However, if a student withdraws and does not return within the one year timeframe as noted above, retesting may be necessary.* For more information, please visit [www.bsd405.org/al-cos](http://www.bsd405.org/al-cos)

Preferred Email \_\_\_\_\_

Preferred Phone Number \_\_\_\_\_

Alternate Email \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

Please type your complete name as your signature \_\_\_\_\_

Date \_\_\_\_\_

**By typing your name above, you confirm that your name serves as your signature and verifies you are authorized to provide this information.**