**Disenrollment Form**

I, **(print name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am at least 18 years of age and no longer wish to attend Ravenna Public Schools. I am authorized to disenroll from school because I am not of mandatory attendance age pursuant to section 79-201(1)(b) of the Nebraska statutes.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_