

**School District of the City of Niagara Falls, New York**

630 66<sup>th</sup> Street ◊Niagara Falls, NY 14304

(716)286-4211

Fax: (716)286-4123

Home School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_

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This letter will serve as a notification to all concerned that my child will be returning to his/her home school. He/She will no longer be attending \_\_\_\_\_ Charter School.

*Name of Charter School*

\_\_\_\_\_  
*(Parent/Guardian Signature)*

\_\_\_\_\_  
*(Date)*

Cc: Mr. Robert Bradley, Jr.