



LEARNING • ACHIEVEMENT • GROWTH • DIRECTION

# POCANTICO HILLS CENTRAL SCHOOL

599 Bedford Road, Sleepy Hollow, New York 10591

(914) 631-2440 • FAX (914) 631-3280



## STUDENT WITHDRAWAL FORM

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Male

Female

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Please print clearly and include city, state and zip code.

### Reason for Withdrawal:

Transfer to Another Westchester County School

Transfer to a Private School

Transfer to Another School in New York State

\_\_\_\_\_ Please write the address of the new school above.

Transfer Out of State

Transfer Out of the United States – Name of Country

Home School

Other \_\_\_\_\_

Name of New School: \_\_\_\_\_

School Address (if known): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

This student has an active IEP, and is receiving Special Education Services.

This student has a 504 Plan.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Student educational records will be forwarded to the receiving school upon written request.**

### For Office Use Only:

Date Student Records Sent: \_\_\_\_\_

Sent By: \_\_\_\_\_