

**PEARL RIVER SCHOOL DISTRICT
OFFICIAL WITHDRAWAL FORM**

STUDENT NAME _____ GRADE LEVEL _____

LAST DAY OF SCHOOL _____

OLD ADDRESS:

NEW ADDRESS:

OLD TELEPHONE NUMBER:

NEW TELEPHONE NUMBER:

REASON FOR LEAVING SCHOOL

- Transferred to another NYS Public School
- Transferred to another NYS Non-Public School
- Transferred to a school outside NYS
- Transferred to BOCES GED Program
- Transferred to a Non-BOCES GED Program
- Drop Out
- Left the United States
- Left School—No documentation of Transfer

NAME OF SCHOOL TRANSFERRED TO: _____

ADDRESS: _____

CITY/STATE: _____

I _____, give permission to release records of
_____ to _____.

SIGNED _____ DATED _____