

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 my child,

_____ , to _____.

Signature _____ Date _____