

*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
- ☐ Home School Instruction

Name of school transferred to: \_\_\_\_\_

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

City/State: \_\_\_\_\_

I \_\_\_\_\_, give permission to release records of my child,

\_\_\_\_\_, to \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_