



WITHDRAWAL FORM

(Please complete and return the form to the Front Office.)

Name of Parent/Legal Guardian: _____

New Home Address: _____

Telephone/Email: _____

New Business Address: _____

Name and address of school student is transferring to: _____

I am herewith withdrawing my child(ren) from GISNY:

Name	Grade	Student's e-mail address	Dates attended GISNY (MM/DD/YYYY)
_____	_____	_____	from ___/___/___ to ___/___/___
_____	_____	_____	from ___/___/___ to ___/___/___
_____	_____	_____	from ___/___/___ to ___/___/___

MEMBERSHIP IN THE GISNY CORPORATION:

(If both parents are members, please fill out the information below separately for each member .)

1. I would like to **continue** my membership. Please send me an invoice for membership dues.
 I would like to **cancel** my membership at the end of the current school year.

2. I would like to **continue** my membership. Please send me an invoice for membership dues.
 I would like to **cancel** my membership at the end of the current school year.

_____ Date

_____ Signature of Parent/Legal Guardian

Thank you. For our learning, please complete a short survey for departing families. To access the survey, please click on the link below or type the following into your browser:

<https://www.surveymonkey.com/r/departingfamilyquestionnaire>