



HENDRICK HUDSON SCHOOL DISTRICT

WITHDRAWAL FROM SCHOOL

***** ALL BOOKS MUST BE RETURNED BEFORE TRANSCRIPTS ARE SENT TO NEW SCHOOL*****

Student's Name: _____

Date: _____

Telephone Number: _____

D.O.B.: _____

_____ is leaving Hendrick Hudson School District on _____

(Student's Name)

(LAST Day attending School)

NEW Address: _____

Parent/Guardian Name: _____

REASON STUDENT IS LEAVING: _____

Transferring to Another School District

Dropping Out

GED/TASC Program

He/She has my permission to do so. In addition, I grant to Hendrick Hudson CSD the right to release all cumulative records, test results, health records, psychological reports, etc., including any assessment or evaluation reports that may be of value in planning this student's future placement.

Name of New School: _____

Complete Address: _____

(Signature: Parent / Guardian)

GUIDANCE OFFICE USE ONLY/PLEASE DO NOT WRITE IN THIS SECTION

Guidance Counselor: _____ Date: _____
Signature

Building Administrator: _____ Date: _____
Signature