

RYE NECK UNION FREE SCHOOL DISTRICT
Mamaroneck, New York
SCHOOL WITHDRAWAL FORM

Present Grade _____

Name _____

Address _____

New Address _____

Name of New School _____

Address of New School _____

I hereby give my permission for _____
Name of Student

To withdraw from Rye Neck School on _____
Date

Parent/ Guardian Signature _____

Reason for Leaving _____

Signed by:

Guidance _____

Library _____

Nurse _____

- Return to: Registration Office