



# Manhasset Public Schools

## Student Withdrawal Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Transfer School: \_\_\_\_\_

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

\_\_\_\_\_

When requested, I give my permission for the following student records to be forwarded to the school indicated above. (Please check all that apply). **Note:** *Records will only be forwarded to the new school when that school provides us with an official request.*

\_\_\_\_\_ Standardized Assessments

\_\_\_\_\_ Report Cards

\_\_\_\_\_ Educational Evaluations

\_\_\_\_\_ Psychological Evaluations

\_\_\_\_\_ Health Records

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Withdrawal Date: \_\_\_\_\_

*\*After completion please return to Anita Meyerson at the Middle School Counseling Office. If you have any additional questions, please contact Ms. Meyerson at 267-7511.*

**Student Withdrawal Form**

**TEXTBOOK RETURN**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_ Locker #: \_\_\_\_\_

Have each teacher, the librarian, and Director of Physical Education indicate that all books and materials have been returned to them by signing in the proper space:

Period 1 \_\_\_\_\_ Period 5 \_\_\_\_\_

Period 2 \_\_\_\_\_ Period 6 \_\_\_\_\_

Period 3 \_\_\_\_\_ Period 7 \_\_\_\_\_

Period 4 \_\_\_\_\_ Period 8 \_\_\_\_\_

Period 9 \_\_\_\_\_

Librarian: \_\_\_\_\_

Physical Education Department: \_\_\_\_\_

Student/Parent Statement: I have returned all school property and have paid fines assessed against me.

Student's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_