

SHELTER ISLAND UNION FREE SCHOOL DISTRICT

Registration
P.O. Box 2015/33 North Ferry Road
Shelter Island, New York 11964-2015
631-749-0302 / FAX 631-749-1262

STUDENT WITHDRAWAL FORM/CONSENT TO FORWARD RECORDS

I hereby request, as parent/guardian, that _____ be dropped from the Shelter Island School's enrollment on _____.

I also give my consent for the above mentioned child's academic records, health records, 504 Accommodation Plan IEP/Psychological Evaluations (if applicable) to be sent to:

School Name: _____

School Address: _____

Send Files To (Name): _____

Phone Number: _____ Fax Number: _____

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Signature _____ Date _____

Withdrawal Reason: _____

Student/Parent/Guardian:

- Returned library books, text books, calculators, musical instruments, tablets/chromebooks
- Any outstanding cafeteria charges paid

ALL SCHOOL PROPERTY AND UNPAID FEES MUST BE SATISFIED BEFORE RELEASE OF RECORDS