

OFFICE OF CENTRAL REGISTRATION  
PATCHOGUE MEDFORD SCHOOLS

OFFICIAL WITHDRAWAL NOTICE

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_

Grade: \_\_\_\_\_

Student ID No: \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_

*(Staff to fill out)*

**Reason for withdrawal:**

- Transfer to another Public School in NYS
- Transfer to Private School in NYS
- Leaving the United States
- Other \_\_\_\_\_
- Transfer to a school outside NYS
- Transfer to home-schooling by parent
- Dropping out of School

Please note, all devices need to be returned at withdrawal; devices can be handed in at Central Registration or the building the child attends. Devices returned:

<input type="checkbox"/> Laptop/iPad	<input type="checkbox"/> Charger	<input type="checkbox"/> Calculator	<input type="checkbox"/> Textbooks	<input type="checkbox"/> Instrument
<input type="checkbox"/> Laptop Case	<input type="checkbox"/> Library Book			

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**NEW ADDRESS/SCHOOL INFORMATION**

Student New Address: \_\_\_\_\_  
*(Number/Street) (City/State) (Zip Code)*

New Telephone Number: \_\_\_\_\_

Name/Address of New School District: \_\_\_\_\_  
\_\_\_\_\_

Name/Telephone of New School: \_\_\_\_\_

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I am hereby qualified to withdraw \_\_\_\_\_ from the Patchogue Medford School District.  
*(Student Name)*

Parent/Guardian Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Staff Name/Signature: \_\_\_\_\_

