MAMARONECK UNION FREE SCHOOL DISTRICT

1000 W Boston Post Road
Mamaroneck, NY 10543

Mamaroneck High School (914)220-3134

Instructions: Complete this from to notify your child's current school of an anticipated withdrawal. Return the completed from in person or electronically to the MHS Guidance Office.

Please be aware that written notification from a parent/guardian is required before a child can be withdrawn from their current school.

Withdrawal Information

Student's Name: _____ Student's ID Number: _____

Last Day of Attendance: _____ Grade Level: _____ Counselor: _____

Reason for Leaving:

- ☐ Moving to another community outside Mamaroneck UFSD
- ☐ Transferring to a private school (Remaining in the Mamaroneck UFSD)
- ☐ Moving out of the country
- ☐ Homeschooling (Remaining in the Mamaroneck UFSD)
- ☐ Other _____
- ☐ Entering college prior to graduation
- ☐ Employment

Please initial here to confirm that you **will return all school-issued books and devices** by the child's last day of school._____

Was a yearbook ordered? ☐ Yes ☐ No

New School Information

School Name:_____

Address:_____

Contact:_____

Email: _____ Contact Phone: _____

I hereby authorize Mamaroneck Schools to release my child's records to the above school: ☐ Yes ☐ No

Parent/Guardian Signature: _____ Date: _____

Please print name: _____ Parent/Guardian Phone: _____

Office Use Only

MHS Counselor Signature: _____ Date: _____

Academic records sent: ☐ Yes ☐ No Date: _____