nassau BOCES

Regional Schools Common HS WITHDRAWAL FORM

• SCHOOL YEAR: 20___–20___

WITHDRAWALS FOR:

Barry Tech: ☐

GCTECH: ☐

LIHSA ☐

Please email all withdrawals to: nchohan@nasboces.org

WITHDRAWAL FORM

Please type or print

Request made by: RSIP District Parent **Date of Request:** _____

Student's Last Name:	Student's First Name:	M.I.:	Student District ID#:	RSIP ID#:	Present Grade:

District:	High School:	District Counselor:

Program/Course and Location (BT, GCTECH, LIHSA):

Session: ☐ AM PM ☐

Reason for Withdrawal: Please Check Appropriate Box(es)

- ☐ RSIP Request
- ☐ CSE Committee Decision
- ☐ Did not get First Choice
- ☐ District Home Suspension* # of Days: _____
- ☐ Failing Grades
- ☐ Medical
- ☐ Moved Out of District or State Moved to: _____
- ☐ Parent Request*
- ☐ Moved within our sending districts Moved to: _____
- ☐ Committed to a correctional institution
- ☐ Runaway
- ☐ Expelled
- ☐ Graduated Early
- ☐ Whereabouts Unknown
- ☐ ACCES/Barbering/Cosmetology requirements met
- ☐ Poor Attendance
- ☐ Scheduling Conflict
- ☐ Student Decided Not to Attend RSIP* (No Show)
- ☐ Student Not Appropriate for RSIP*
- ☐ Transportation Problem
- ☐ Deceased
- ☐ Incapacitated
- ☐ Enlisted in the armed service
- ☐ Transferred to Home Schooling
- ☐ Transferred to Homebound Instruction
- ☐ Long-term Absence (20 Consecutive Unexcused Days)* # of Days: _____

*Requires Explanation (attached or in Student System)

EXPLANATION AND NOTES: District Counselor/Staff	Date:	EXPLANATION AND NOTES: RSIP Counselor	Date
Parent Email:			

Withdrawal Approved:

By affixing your signature below, parent authorization has been confirmed for this request.

High School Counselor's Signature: _____

Date:

RSIP Counselor's Signature: _____

Date:

Authorizing School District Signature: _____ **Date:** _____

Print Name: _____ **Telephone #:** _____

FOR NASSAU BOCES OFFICE USE ONLY

Date: _____

RSIP Principal Signature: _____

RSIP Executive Director Signature: _____ **Date:** _____

Date Withdrawal Entered in SMS: _____ **Person Who Made the Change:** _____ _____

Copies of this Form to: ☐ **District Counselor**

Non-discrimination Statement: The Nassau BOCES offers employment and educational opportunities without regard to age, color, creed, disability, familial status, gender, gender expression, gender identity, marital status, military/veteran status, national origin, predisposing genetic characteristics, race, religion (including religious practice and/or expression), sex (including pregnancy, childbirth, or related medical condition), sexual orientation, victim of domestic violence status or any other characteristic or status protected by applicable law. In accordance with Federal law, the Nassau BOCES shall provide equal facility access to the Boy Scouts and other designated youth groups. The Nassau BOCES does not discriminate or take any retaliatory action against an employee with respect to compensation, terms, conditions or privileges of employment because of the employee's or dependent's reproductive health decision-making. Additional information is available by contacting the following individuals: Sammy Gergis, Assistant Superintendent - Human Resources, Department of Human Resources at 516-396-2358, sgergis@nasboces.org and/or Mark Raimondi - Acting Director, Department of Human Resources at 516-396-2347, mraimondi@nasboces.org. For further information, please see Policies 0100 Equal Opportunity and Non-Discrimination; 0110 Sexual Harassment and 0115 Dignity for All Students Act. A complete version of the Non-Discrimination Statement and the Policy Manual are available on the Nassau BOCES website at www.nassauboces.org.