



South Colonie Central School District

Notice of Student Withdrawal Form

BUILDING _____

Student Name: _____
Last Name First Name Middle Name

Student's Grade: _____ Student's Date of Birth: _____

Reason for Withdrawal: *Please check the appropriate information below ...*

Moving out of District Is the entire family moving? Yes No

If YES, please fill out information below ...

Name of new school district: _____

Address of new school district: _____

New home address: _____

If NO, please fill out information below ...

Name of person student will reside with: _____ Relationship to student: _____

New home address: _____

Name of new school district: _____

Address of new school district: _____

Transferring to private school Name of private school: _____

Transferring to home schooling

*Dropping out (*Student must finish the school year in which he/she turned 16 years old. Student must sign and date below.*)
*Student's Signature: _____ Date: _____

*Signature of Superintendent or Assistant Superintendent: _____ Meeting date with student: _____

Does student plan to pursue a GED? Yes No

Other (*please specify*): _____

Student's last day of attendance at South Colonie: _____

Does student currently receive Special Education Services? Yes No

By signing below, I give permission for the exchange of information concerning my child between the South Colonie Central School District and the new school listed above. Furthermore, I understand that all school fees must be paid in full and all school issued books must be returned prior to my child(ren) being withdrawn from school.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Phone #: _____