



I, \_\_\_\_\_, the legal parent or guardian of:  
(please print parent/guardian name)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

do hereby withdraw the above named children from the Horseheads Central School District. The last day of attendance will be \_\_\_\_\_. I will be enrolling them in the below named school district:

School District Name \_\_\_\_\_

Address of new school \_\_\_\_\_  
(if known)

Telephone of new school \_\_\_\_\_  
(if known)

Parent's new address \_\_\_\_\_  
(if known)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**\*TO BE COMPLETED BY SCHOOL PERSONNEL\***

Name/Position of School  
Personnel Completing This Section \_\_\_\_\_

Request for records received on \_\_\_\_\_

- Copies to:
- Other buildings if other children in family not in your building
- Central Registrar
- File original in students Guidance folder once request for records is received