



Withdrawal Notification

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

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ 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 school district named below:

School District Name _____

Address of New School (if known) _____

Phone of New School (if known) _____

Parent/Guardian New Address (if known) _____

Parent/Guardian Signature

Date

To Be Completed by School Personnel:

Name/Position of Personnel
Completing this Section _____

Request for records received on _____

Copies to:

- Other buildings if there are other children in family not in your building
- Central Registrar
- File original in student's guidance folder once request for records is received

WN
Rev 1/5/24
ESC/km