



## Peekskill City School District

*Our mission is to educate and empower all students to strive for excellence as life-long learners who embrace diversity and are contributing members of a global society.*

**Administration Building, 1031 Elm Street, Peekskill, NY 10566-3499**

**Phone: (914) 737-3300 (914) 737-3912**

### Official Notice of Pupil Withdrawal

Student Information (Please print)			
1. Student's Legal Last Name	2. Student's Legal First Name	3. Middle Name	4. Sr/Jr/2 <sup>nd</sup> /3 <sup>rd</sup>
5. Student ID# (Office Use Only)	6. Grade Level	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	8. Date of Birth (mm/dd/yyyy) / /
9. Please select the school your child is currently enrolled in:  <input type="checkbox"/> Uriah Hill Elementary School (PK) <input type="checkbox"/> Woodside Elementary School (K, 1 <sup>st</sup> ) <input type="checkbox"/> Oakside Elementary School (2 <sup>nd</sup> , 3 <sup>rd</sup> ) <input type="checkbox"/> Hillcrest Elementary School (4 <sup>th</sup> , 5 <sup>th</sup> ) <input type="checkbox"/> Peekskill Middle School (6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> ) <input type="checkbox"/> Peekskill High School (9 <sup>th</sup> , 10 <sup>th</sup> , 11 <sup>th</sup> , 12 <sup>th</sup> )		10. Primary Withdrawal Type:  Please select the <b>one</b> that best describes why the student is withdrawing from school:  <input type="checkbox"/> <b>170</b> Transferred to another NYS public school <input type="checkbox"/> <b>204</b> Transferred to a NYS nonpublic school <input type="checkbox"/> <b>221</b> Transferred to a school outside NYS <input type="checkbox"/> <b>238</b> Transferred to homebound instruction <input type="checkbox"/> <b>255</b> Transferred to home-schooling <input type="checkbox"/> <b>272</b> Transferred to a post-secondary school <input type="checkbox"/> <b>289</b> Transferred to an approved AHSEP or HESP Program (BOCES GED Program) <input type="checkbox"/> <b>306</b> Transferred to another (GED) program <input type="checkbox"/> <b>323</b> Transferred outside district by court order <input type="checkbox"/> <b>340</b> Left school: First-time dropout <input type="checkbox"/> <b>357</b> Left school: Previously counted as a dropout <input type="checkbox"/> <b>391</b> Long-term absence <input type="checkbox"/> <b>442</b> Left the U.S.	
11. Last Day of Attendance Date (mm/dd/yyyy): / /			
12. Name of School Transferring to (if known):		13. City, State, Country Transferring to:	
14. Items which must be returned with this application (as applicable): <b>STAFF:</b> Check off when received. Verify items with the appropriate administrator.  <input type="checkbox"/> Technology/Textbooks (e.g. calculator) Principal <input type="checkbox"/> Chromebook Technology Director <input type="checkbox"/> Sports Equipment Athletic Director			
15. Forwarding Address and Phone Number:			
16. Parent/Guardian Signature		17. Date (mm/dd/yyyy)	
<b>OFFICE USE ONLY:</b>  <input type="checkbox"/> Attendance <input type="checkbox"/> Business <input type="checkbox"/> File <input type="checkbox"/> Guidance <input type="checkbox"/> Nurse <input type="checkbox"/> Registrar <input type="checkbox"/> Transportation  <input type="checkbox"/> Other: _____			