



PEEKSKILL CITY SCHOOL DISTRICT

Administration Building, 1031 Elm Street • Peekskill, NY 10566-3499
 (914) 737-3300 FAX: (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 nd /3 rd
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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) / /
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9. Please select the school your child is currently enrolled in:

Uriah Hill Elementary School (PK)

Woodside Elementary School (K, 1st)

Oakside Elementary School (2nd, 3rd)

Hillcrest Elementary School (4th, 5th)

Peekskill Middle School (6th, 7th, 8th)

Peekskill High School (9th, 10th, 11th, 12th)

Summit Academy (9th, 10th, 11th, 12th)

10. Primary Withdrawal Type

Please select the one that best describes why the student is withdrawing from school:

170 Transferred to another NYS public school

204 Transferred to a NYS nonpublic school

221 Transferred to a school outside NYS

238 Transferred to homebound instruction

255 Transferred to home-schooling

272 Transferred to a postsecondary school

289 Transferred to an approved AHSEP or HSEP Program (BOCES GED Program)

306 Transferred to other (GED) program

323 Transferred outside district by court order

340 Left school: First-time dropout

357 Left school: previously counted as a dropout

391 Long-term absence

442 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. Forwarding Address and Phone Number:

15. Parent/Guardian Signature

16. Date (mm/dd/yyyy)

/ /

Office Use Only:

Attendance Business File Guidance Nurse Registrar

Special Education Technology Transportation Other: _____



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Información del Estudiante (letra de molde)			
1. Apellido Legal del Estudiante:	2. Nombre Legal del Estudiante:	3. Segundo nombre:	4. Sr/Jr/2 ^{do} /3 ^{ro}
5. Estudiante ID # (uso de la oficina)	6. Nivel de Grado	7. Género: <input type="checkbox"/> Hombre <input type="checkbox"/> Mujer	8. Fecha de nacimiento (mm / dd / aaaa) / /
9. Por favor, seleccione la escuela de su hijo está inscrito actualmente en:		10. Tipo de Retiro Primaria Por favor, seleccione la que mejor describe por qué el estudiante se retira de la escuela:	
<input type="checkbox"/> Uriah Hill Elementary School (PK) <input type="checkbox"/> Woodside Elementary School (K, 1 st) <input type="checkbox"/> Oakside Elementary School (2 nd , 3 rd) <input type="checkbox"/> Hillcrest Elementary School (4 th , 5 th) <input type="checkbox"/> Peekskill Middle School (6 th , 7 th , 8 th) <input type="checkbox"/> Peekskill High School (9 th , 10 th , 11 th , 12 th) <input type="checkbox"/> Summit Academy (9 th , 10 th , 11 th , 12 th)		<input type="checkbox"/> 170 Transferido a otra escuela pública del estado de NY <input type="checkbox"/> 204 Transferido a una escuela no pública del estado de NY <input type="checkbox"/> 221 Transferidos a una escuela fuera del estado de NY <input type="checkbox"/> 238 Transferido a la instrucción en el hogar <input type="checkbox"/> 255 Transferido a la educación en casa <input type="checkbox"/> 272 Transferido a una escuela post-secundaria <input type="checkbox"/> 289 Transferido a un AHSEP o programa aprobado HSEP (BOCES GED Program) <input type="checkbox"/> 306 Transferidos a otros (GED) del programa <input type="checkbox"/> 323 Transferidos fuera del distrito por orden judicial <input type="checkbox"/> 340 Dejaron la escuela: por primera vez, la deserción <input type="checkbox"/> 357 Salio de la escuela: ya cuenta como un abandono <input type="checkbox"/> 391 A largo plazo las ausencias <input type="checkbox"/> 442 Salio de los EE.UU.	
11. Último día de asistencia Fecha (mm / dd / aaaa) / /			
12. Nombre de la escuela a la transferidos (si se conoce):		13. Ciudad, Estado, País transferido a:	
14. Dirección de reenvío y numero de telefono:			
15. Firma del Padre / Guardián		16. Fecha (mm / dd / aaaa) / /	
Sólo para uso oficial: <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"/> Special Education <input type="checkbox"/> Technology <input type="checkbox"/> Transportation <input type="checkbox"/> Other: _____			