



# HAUPPAUGE PUBLIC SCHOOLS

Registration & Student Data

495 Hoffman Lane, Hauppauge, NY 11788 • Tel. (631)761-8260 • Fax (631)265-3147

Mailing Address: PO Box 6006, Hauppauge, NY 11788

## STUDENT IN DISTRICT TRANSFER/WITHDRAWAL FORM

This is to certify that my son/daughter \_\_\_\_\_ Grade \_\_\_\_\_

(Please Print) Student Name

whose date of birth is \_\_\_\_\_, is leaving the Hauppauge School District for the following reason:

Transferring to another school or District (Please complete below)

Has reached the age of 16, and has my permission to leave school

Household Address:

Previous Address \_\_\_\_\_

(Please Print) Street Address

Town

State

Zip Code

New Address \_\_\_\_\_

(Please Print) Street Address

Town

State

Zip Code

If student is transferring to another school, please complete the portion below:

Permission is hereby given to \_\_\_\_\_ to release  
my child's academic and health records to the following school:  
*Hauppauge School Name*

New School Name \_\_\_\_\_

(Please Print)

School Address \_\_\_\_\_

(Please Print) Street Address

Town

State

Zip Code

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

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

Date \_\_\_\_\_

FOR OFFICE USE ONLY --

Approved by: \_\_\_\_\_

Date of Transfer/Drop/Withdrawal \_\_\_\_\_

Date Entered on IC \_\_\_\_\_

Entered by \_\_\_\_\_

Copies Distributed to:

Parent [ ]

Elementary School: Main Office - BW [ ] FB [ ] PN [ ] Student Folder [ ] Guidance Counselor [ ] Nurse [ ]

Middle School: Principal [ ] Asst. Principal [ ] Attendance [ ] Counseling Center [ ] Nurse [ ]

High School: Principal [ ] Asst. Principal [ ] Attendance [ ] Counseling Center [ ] Nurse [ ]

Central Registration Office/Data Processing Center [ ] Pupil Personnel Services [ ] Transportation [ ]