

# HAUPPAUGE PUBLIC SCHOOLS

*District Registration Office/Data Processing Center*

*500 Lincoln Blvd., Hauppauge, NY 11788 ~ Tel. (631)761-8260 ~ Fax (631)979-0926*

*Mailing Address: PO Box 6006, Hauppauge, NY 11788*

## **STUDENT IN DISTRICT TRANSFER/WITHDRAWAL FORM**

To Whom It May Concern:

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:

New School Name: \_\_\_\_\_  
(Please Print)

School Address: \_\_\_\_\_  
(Please Print) Street Address Town State Zip Code

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

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

FOR OFFICE USE ONLY-

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

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

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

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

Copies Distributed to:

Parent ☐

Elementary School Main Office - BW ☐ FB ☐ PN ☐ Student Folder ☐ Guidance ☐ 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 ☐

Date: