



# Manhasset Public Schools

## School Counseling Department

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Jane Grappone  
Director: Guidance and Counseling Services

### Manhasset Secondary School "Student Withdrawal Form"

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Transfer School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If requested, I give my permission for the following student records to be forwarded to the school indicated above. (Please check all that apply)

\_\_\_\_\_ Standardized Assessments

\_\_\_\_\_ Report Cards

\_\_\_\_\_ Transcripts

\_\_\_\_\_ Health Records

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Parent Email/Phone Number: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_