



# Manhasset Public Schools

Jane Grappone: Director of School Counseling Services

Manhasset High School

## End of Year Withdrawal Form

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

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

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

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

\_\_\_\_\_

**When requested** by the school in which your child will be enrolled, I give my permission for the following records to be forwarded to the school indicated above. (Please check all that apply)

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

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

\_\_\_\_\_ Cumulative Transcript

\_\_\_\_\_ Educational Evaluations

\_\_\_\_\_ Psychological Evaluations

\_\_\_\_\_ Immunization/Health Records

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

\_\_\_\_\_  
Date

Contact Information: Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Once completed, you must present this form, **in person**, at the High School Counseling office. If you have any questions, please contact our office at 267-7612 (Mrs. Fogel and Mrs. Ruthkowski), 7613 (Mrs. Cerulli and Ms. Cosenza), or 7614 (Mrs. Landman and Mrs. Margulies)