

NOTICE OF WITHDRAWAL OF STUDENT FROM LYNBROOK SCHOOLS

I, _____, lawful parent/guardian of _____ do hereby
(Parent's Name) (Student's Name)
authorize the withdrawal of said student from regular attendance at _____,
(School)
Lynbrook, New York.

Signed: _____

Date: _____

Forwarding home address: _____

Lawful Reason for Withdrawal

1. _____ Removal to another school district
Name of School _____
Address of School _____
2. _____ Residing in District 20, but planning to transfer to:
_____ Private School _____ Parochial School
Name of School _____
Address of School _____
3. _____ Discontinuance of attendance upon reaching sixteen years of age
(Student will remain in attendance through the last day of the school year in which such
minor becomes sixteen years of age.)
Reason: _____

TRANSCRIPT RELEASE AUTHORIZATION

Date _____

I, _____, hereby authorize the personnel of Lynbrook
(Parent's Name)
_____ School, UFSD 20, to release a copy of all records concerning
(School)
_____.
(Student's Name)

My relationship to the above-named student is that of _____.

Signed: _____