



Registration Department
One Larkin Center
Yonkers, New York 10701
Tel. 914 376-8050
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STUDENT WITHDRAWAL FORM

I, _____, wish to withdraw my child (children) from the Yonkers Public Schools. *Parent/Guardian - Please Print*

EFFECTIVE DATE: _____

I am moving out of the City of Yonkers: _____
Destination

I am moving out of New York State: _____
Destination

My child (children) will attend a private/parochial school: _____
Name of private/parochial school

Other (specify): _____

PLEASE LIST THE NAME, SCHOOL AND I.D. NUMBER FOR EACH CHILD

<i>Student's Name</i>	<i>School</i>	<i>I.D. Number</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature

Date