



St. John Paul II Regional School

515 Marcy Avenue, Riverhead, NY 11901
(631) 727-1650 P – (631) 727-3945 F – sjp2regional.org

Student Withdrawal Form

Student's Name: _____

Withdrawal Date: _____ **Grade:** _____ **Date of Birth:** _____

Parent/Guardian Name: _____

Telephones: _____

Forwarding Address: _____

Please print clearly and include city, state, and zip code

Reason for Withdrawal:

- ☐ Transfer to another school within the Diocese of Rockville Centre
- ☐ Transfer to Public School
- ☐ Transfer Out of State
- ☐ Transfer Out of USA
- ☐ Home School
- ☐ Other

Name of New School: _____

Please print clearly and include city, state, and zip code

School Address: _____

Telephone: _____ **Fax:** _____

- ☐ This student has an active IEP, and is receiving Special Education services,
- ☐ This student has a 504 Plan.

Parent/Guardian Signature

Date

Parents/Guardians must contact our Business Office for further instructions at
business@sjp2regional.org

Student educational records will be forwarded to the receiving school *upon written request*.

For Office Use Only:

Date students records sent _____ Initial _____
Date student removed from PowerSchool _____ Initial _____

'Faith and Reason'