

NORTHEASTERN ACADEMY

Student Withdrawal Form

532 West 215 Street, New York, NY 10034



CURRENT SCHOOL INFO

School		Date	
Student's Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth		Grade:	Withdrawal Date
Parent/Guardian Name		Telephone #:	
Forwarding Address:			
City:	State:	Zip:	

REASON FOR WITHDRAWAL

<input type="checkbox"/>	Transfer to Another Adventist School
<input type="checkbox"/>	Transfer for another Private School
<input type="checkbox"/>	Transfer to Public School
<input type="checkbox"/>	Transfer out of State
<input type="checkbox"/>	Transfer out of the United States – Name of Country: _____
<input type="checkbox"/>	Home School
<input type="checkbox"/>	Other: _____

NEW SCHOOL INFORMATION

Name of New School:			
School Address			
Phone #		Fax #	
<input type="checkbox"/>	This student has an active IEP, and is receiving Special Education services.		
<input type="checkbox"/>	This student has a 504 Plan.		
Parent/Guardian Signature:		Date:	

Student educational records will be forwarded to the receiving school upon written request after Balance is paid in full.

FOR OFFICE USE ONLY

Date student records Sent	Sent By:
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