

WITHDRAWAL FORM

School Year 20__ - 20__

Please type or print

Form initiated by: (Barry Tech Counselor) _____ Date: _____

Student's Last Name:	Student's First Name:	M.I.:	Student District ID#:	Barry Tech ID#:	Present Grade:
District:	High School:	Counselor:			

CTE/Academic Course:	Session: <input type="checkbox"/> AM <input type="checkbox"/> PM
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Reason for Withdrawal: Please Check Appropriate Box(es) <input type="checkbox"/> Barry Tech Request* <input type="checkbox"/> CSE Committee Decision <input type="checkbox"/> Did Not Get First Choice <input type="checkbox"/> District Home Suspension* # of Days: _____ <input type="checkbox"/> Failing Grades* <input type="checkbox"/> Medical <input type="checkbox"/> Moved Out of District Moved to: _____ <input type="checkbox"/> Parent Request* <input type="checkbox"/> Moved within our sending districts* Moved to: _____* <input type="checkbox"/> Withdrawn and re-enrolled <input type="checkbox"/> Committed to a correctional institution <input type="checkbox"/> Runaway <input type="checkbox"/> Expelled <input type="checkbox"/> Transferred to another school outside NC with documentation* <input type="checkbox"/> Graduated Early <input type="checkbox"/> Whereabouts Unknown <input type="checkbox"/> Left School, No Documentation of Transfer <input type="checkbox"/> Other _____	<input type="checkbox"/> Lost interest* <input type="checkbox"/> Poor Attendance* <input type="checkbox"/> Scheduling Conflict at Barry Tech AM/PM <input type="checkbox"/> Scheduling Conflict at Home School <input type="checkbox"/> Student Decided Not to Attend Barry Tech* <input type="checkbox"/> Student Changed Mind* <input type="checkbox"/> Student Not Appropriate for Barry Tech* <input type="checkbox"/> Transportation Problem* <input type="checkbox"/> Withdrawn from Home School <input type="checkbox"/> No Show <input type="checkbox"/> Quit school after passing required attendance age <input type="checkbox"/> Deceased <input type="checkbox"/> Incapacitated <input type="checkbox"/> Enlisted in the armed service <input type="checkbox"/> Transferred to Home Schooling <input type="checkbox"/> Transferred to Homebound Instruction <input type="checkbox"/> Long-term Absence (20 Consecutive Unexcused Days)* # of Days: _____ <input type="checkbox"/> Left the U.S. Name of New Country: _____ <input type="checkbox"/> Long Term Medical due to Emotional or Physical Issue *Requires Explanation (attached or in Classmate)
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Initial Withdrawal Request Made by: District Student Parent Barry Tech Other _____

Name:	Title:
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Building/Address:

Phone/Extension:	E-mail:	Date of Initial Request:
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EXPLANATION AND NOTES: Barry Tech Counselor	Date:	EXPLANATION AND NOTES: District Counselor /Staff	Date

Withdrawal Approved:

By affixing your signature below, parent authorization has been confirmed for this request. High School Counselor's Signature: _____ Date: _____	Barry Tech Counselor's Signature: _____ Date: _____
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Authorizing School District Signature: _____ Date: _____

FOR NASSAU BOCES OFFICE USE ONLY

Barry Tech PPS Staff Signature: _____ Date: _____

Barry Tech Principal Signature: _____ Date: _____

RSIP Executive Director Signature: _____ Date: _____

Date Withdrawal Entered in Classmate: _____ Person Who Made the Change: _____

Copies of this Form to: Nassau BOCES Business Office District Counselor District Business Office