

JAMES I. O'NEILL HIGH SCHOOL
GUIDANCE DEPARTMENT
P.O. BOX 287
HIGHLAND FALLS, NY 10928
845-446-4914
FAX: 845-446-2138

OFFICIAL WITHDRAWAL FORM

Name of Student Leaving School: _____ Date: ___/___/___

Grade: _____ Locker #: _____ 1st period: _____ Counselor: Mr. Breitfeller
Mrs. Mackey
Mrs. Milano

Class	Teacher's Signature	Grade to Date this Quarter	Textbook/Chromebook returned? (Y/N/NA)
English			
Social Studies			
Math			
Science			
Foreign Language			
Health			
Art			
Band			
Chorus			
Phys. Ed.			
JROTC			Uniform returned?
Other			

Librarian's Signature: _____

Main Office: _____

Guidance Counselor's Signature: _____

Mrs. Haberman (Parking Permit): _____

OVER →

Join us on our Web Site: www.hffmcsd.org

I, _____, hereby withdraw _____ from
(Name of Parent/Guardian) (Name of Student)

James I. O'Neill High School. The withdrawal is effective on ____/____/____. The reason for withdrawal

is: _____.

Signature of Parent/Guardian

____/____/____
Date

Please fill in the following information if known.

Name and address of school to which student is transferring: _____

(City, State)

Phone: _____

Fax: _____

Withdrawal of _____ was confirmed with _____
(Student) (Parent/Guardian)

- Via phone
- Via email

By _____ Date _____
(Guidance signature) (Date)