



# Harborfields Central School District

2 OLDFIELD ROAD · GREENLAWN, NEW YORK 11740-1200

(631) 754-5320 Ext. 325 · FAX (631) 261-0068

TODAY'S DATE: \_\_\_\_\_

WITHDRAWAL DATE: \_\_\_\_\_

TO THE OFFICE OF THE PRINCIPAL:

I am withdrawing my child:

**Name:** \_\_\_\_\_ from the Harborfields Central School District.  
My child's academic, health records, and psychological records, if any, may be forwarded to the entering school upon their request.

In addition to the student above, please list any other children that will be withdrawing from the Harborfields Central School District.

Name(s)	Grade	Date of Birth

\_\_\_\_\_  
**Parent's Signature**

ADDRESS OF NEW SCHOOL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEW HOME ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_