BOCES

Regional Schools Common HS

7)4($2!7!, &/2- s 3#(//, 9%!2 ???n ???

WITHDRAWAL FORM

Please type or print

Request made by: ■ RSIP Counselor ■ District Counselor ■ Parent Date of Request: _____ ___

Student's Last Name :	Student's First Name:	M.I.:	Student District ID#:	RSIP ID#:	Present Grade:

■ AM ■ PM

Reason for Withdrawal: Please Check Appropriate Box(es)

- ■ RSIP Request
- ■ CSE Committee Decision
- ■ Did not get First Choice
- ■ District Home Suspension* # of Days: _____
- ■ Failing Grades
- ■ Medical
- ■ Moved Out of District or State Moved to: _____
- ■ Parent Request*
- ■ Moved within our sending districts Moved to: _____
- ■ Committed to a correctional institution
- ■ Runaway
- ■ Expelled
- ■ Graduated Early
- ■ Whereabouts Unknown
- ■ ACCES requirements met
- ■ Poor Attendance
- ■ Scheduling Conflict
- ■ Student Decided Not to Attend RSIP* (No Show)
- ■ Student Not Appropriate for RSIP *
- ■ Transportation Problem
- ■ Deceased
- ■