

GATES CHILI CSD STUDENT WITHDRAWAL FORM

If your student is moving out of the Gates Chili Central School District, please complete this Withdrawal Form and return it to the counseling office or main office at your student's Gates Chili school, or send it directly to the district registrar via email at registrar@gateschili.org or drop it off in person at the Gates Chili Administration Building, 3 Spartan Way, Rochester, NY 14624.

Please note that the district cannot release records until a request is received from the student's new school, so please register your student at their new school as soon as possible.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Date of Birth: _____

Grade Level: _____ Current School: _____

WITHDRAWAL INFORMATION

Date of request: _____ Date of withdrawal: _____

☐ Moving to another school district in New York State (please list): _____

☐ Moving out of New York State to the following state (please list): _____

☐ Moving out of the country to the following country (please list): _____

FORMER GATES CHILI ADDRESS

Street Address 1: _____

Street Address 2: _____

City, State, Zip: _____

NEW ADDRESS OUTSIDE OF GATES CHILI

Street Address 1: _____

Street Address 2: _____

City, State, Zip: _____

NEW SCHOOL INFORMATION

School name: _____

Address: _____

Phone number: _____ Fax (required): _____

OTHER CHILDREN MOVING WITH THIS STUDENT

STUDENTS REMAINING IN GATES CHILI

Parent/guardian name: _____ Email: _____

Phone number: _____ Alt. Phone: _____

Parent/guardian signature: _____ Date: _____

BELOW THIS LINE - FOR OFFICE USE ONLY

Parent/guardian withdrawal request received (date): _____ Request received by: _____

Records release from new school received (date): _____ Sent records to new school: _____