CENTENNIAL BOCES



Board of Cooperative Educational Services

Joining forces to enrich educational opportunities for students

# **WITHDRAWAL FROM SPECIAL EDUCATION CLASS WHEN A STUDENT LEAVES YOUR SCHOOL**

SPECIAL EDUCATION TEACHERS: Please complete and forward to the BOCES records office whenever a child is removed from your roster by moving from your school (either to another school in the district or out of the district).

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| --- | --- |
| STUDENT’S NAME: |       |
| SCHOOL:  |       |
| PARENT OR GUARDIAN: |       |
| DATE OF WITHDRAWAL:  |       |
| SPECIAL EDUCATION PROVIDERS:  |       |
|  |       |
|  |       |
|  |       |
| REASON FOR WITHDRAWAL:  |       |
|       |
|       |
|       |
| NAME AND ADDRESS OF SCHOOL TO WHICH CHILD HAS BEEN TRANSFERRED, IF KNOWN: |
|       |
|       |
|       |
|  |  |  |
| TEACHER | DATE |