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: | | | | | |  | | |
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| REASON FOR WITHDRAWAL: | | | | |  | | | |
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| NAME AND ADDRESS OF SCHOOL TO WHICH CHILD HAS BEEN TRANSFERRED, IF KNOWN: | | | | | | | | |
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|  | | | | | | |  |  |
| TEACHER | | | | | | | | DATE |