

**Rocky Hill Central Registration/Residency Office**

761 Old Main Street Suite 231, Town Hall

Rocky Hill, Connecticut 06067

860-258-7701 Ext. 1177

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**Rocky Hill Public Schools - Withdrawal Form**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

School (Circle One):      *West Hill*      *Stevens*      *Griswold Middle School*      *Moser School*

Rocky Hill Address: \_\_\_\_\_

**Parental Authorization**

I hereby request the withdrawal of the above named student from Rocky Hill Public Schools effective on \_\_\_\_\_ (date).

**The reason for this action is:**

\_\_\_\_\_ Transfer to another school (Name and address of forwarding school):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Withdrawal for home schooling

\_\_\_\_\_ Withdrawal from school (over 17 years old)

\_\_\_\_\_ Other

**Please send the following records to the school noted above:**

\_\_\_\_\_ Cumulative Record (Demographic information, report cards, test scores, suspension reports)

\_\_\_\_\_ Health Record

\_\_\_\_\_ Confidential Records for Special Education (Planning & Placement Team Meetings (PPT), Individualized Education Plans (IEP), Psychological and Educational Evaluations, Psychiatric Consultations and all other Assessments).

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**

Rocky Hill ID #: \_\_\_\_\_

SSAID #: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

SPED: Y or N    Yes – Notify SPED Sec.