SCS
SMITHTOWN
CHRISTIAN SCHOOL

For Office Use Only:
_____ Notify Faculty & Staff
_____ SCS Textbooks Returned
_____ Locker Cleanout
_____ Date Given to Accounting
_____ Lunch Balance Owed
_____ Library Book Due
_____ FACTS Removed Financial/Acct Side
_____ Approval Signature & Date **Accounting**
_____ FACTS Removed Main Office

WITHDRAWAL FROM SCHOOL

This form is to be completed and signed to withdraw your student(s) from Smithtown Christian School.

Name of Student(s): _____

_____

Last Grade Attended SCS: _____

Withdrawal Date (*required*): _____

To be released:
❑ Complete transcript of grades, including most recent marking period
❑ Standardized test results
❑ Health records
❑ Special Education records (e.g. IESP, 504 plan, etc.)
❑ Psychological Evaluation
❑ All of the above

All SCS Textbooks must be returned to the main office or you will be billed for the cost of replacement. Lockers must be completely emptied.

They will attend school at: _____

_____

_____

Reason for Withdrawal: _____

_____

Parent/Guardian Signature

_____

Parent/Guardian Signature

_____