



DISCHARGE / TRANSFER form

TODAY'S DATE: _____

STUDENT NAME: _____ **D.O.B.** ____/____/____ **CLASS#** _____

I am requesting that my child be discharged from PS/IS276. I have completed the information needed to process this request below.

DATE OF DISCHARGE (last day of attendance at PS/IS276): ____/____/____

Please check one of the below and fill out pertaining information:

() Moving out of NY City:

Name of new school: _____

Address of new home or school: _____

() Attending Private school in NY City:

Name and address of new school: _____

() Transferring to another NY City School:

Name and/or PS Number of new school: _____

By completing this form I understand that my child will be discharged on the last day of their attendance at PS/IS 276. I also understand that I have 365 days from the discharge date to return to PS/IS276 as long as I live in the 5 boroughs of NYC and there is a seat available.

Parent(s) Name (print): _____

Parent(s) signature: _____