



RT Hudson School Withdrawal Form

Section A Required!! *To be completed IN FULL by parent (please print or type clearly)*

Student Name: _____ Student DOB ___/___/___ Current Grade _____

Parent Name: _____

I wish to withdraw my child from RT Hudson School: Temporarily Permanently

Please complete email to rthudsoninfo@gmail.com or fax to **718-328-5922**. The withdrawal is not official until you receive confirmation from RT Hudson School. You will still be responsible for tuition and academic progress until you receive this confirmation.

Section B

Reason for Withdrawal (please check as appropriate):

Transferring to another school. Name of new school: _____

Address to forward transcripts:

- Financial Reasons
- Personal Reasons
- Employment
- Academic Failure

- I am financially clear with the RT Hudson School Business Office.
- I am not financially clear with the RT Hudson Business Office.

RT Hudson School?

Who within RT Hudson School did you speak to before making your decision to withdraw your child?

Parent Signature _____

Date _____

Business Manager's Signature _____

Date _____

Principal's Signature _____

Date _____