



Sts. John and Paul School
280 Weaver Street
Larchmont, NY 10538
914 834 6332

Request to Withdrawal

Household Name: _____

Date: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Briefly explain the reason for leaving, or potentially leaving Saints John and Paul School.

NOTE* All families are required to have an exit interview with the administration before any records or references can be released.

If you have not done so, please contact the main office to set up the interview.

Signature: _____

Date: _____