

EAST LYME PUBLIC SCHOOLS

P.O. Box 220 • East Lyme, Connecticut 06333 • (860) 739-3966 • Fax (860) 739-1215

Jeffrey R. Newton Superintendent of Schools

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Kimberly Davis Director of Student Services Maryanna Stevens, CPA
Director of Finance, Marketing,
and Growth Management

WITHDRAWAL FORM

Today's Date:	Date of Withdrawal:	
□East Lyme High School	□East Lyme Middle School	□Flanders Elementary
□Lillie B. Haynes Elementary	□Niantic Center Elementary	
Student's Name:	Student's Date of Birth:	
Address in East Lyme:		
City, State & Zip Code:		
Student's New Home Address:		
New City, State & Zip Code:		
New School:		
Name:		
Address:		
City:	State:	Zip Code:
□Public School □ Private School	□Parochial School	
Upon receipt of a "Request for Reco confirmation of enrollment by the reto the named student will be forwar	new school, all records (cumulati	ol, signed by a parent/guardian, or ve, confidential, health, etc.) relating
Parent / Guardian Signature:		
District/School Authority Signature:		

*Original documents are forwarded to the schools within the State of Connecticut. Copies of original documents are forwarded to schools outside of Connecticut and originals are retained in East Lyme.