

WITHDRAWAL OF BROOKFIELD STUDENT

Pupil #: _____ Name of Student: _____

SSID#: _____ Birthdate: _____ Grade: _____

Effective EMIS date of withdrawal: _____ (Use date of 8/1 for summer withdrawals)

Reason for Withdrawal (check one):

- 35** - District no longer responsible for this student (moved out of district)
- 36** - Completed Preschool Program
- 37** - Withdrew from Kindergarten
- 38** - Student promoted beyond max grade/entity closing
- 39** - Non-enrolled student no longer receiving services
- 40** - Transfer to public school district OUT of Ohio (State: _____)
- 41** - Transfer to public school district* IN Ohio (*parent must complete back side*)
- 42** - Transfer Private School (Name of School: _____)
- 43** - Transfer Home Schooling (parents are approved to teach at home)
- 45** - Transfer by Court Order (Name of School: _____)
- 46** - Transfer out of USA
- 47** - Withdrawal Yoder vs. Wisconsin
- 48** - Expelled
- 51** - Verified Medical Reasons (doctor authorization on file)
- 52** - Death of Student
- 71** - Withdrawal due to truancy/nonattendance (*Princ/Guidance must sign below*)
- 72** - Employment/Work Permit - Superintendent's approval needed
- 73** - Drop Out - over 18 years old
- 74** - Moved (not known) - Principal/Guidance must sign if this box is checked.
- 75** - Student completed course requirements but did not pass TESTING requirements
- 77** - Withdrew due to 3314.26 (non-tested 2 year e-school)
- 79** - No longer eligible to be enrolled in the district
- 81** - Student reported in error - NEVER SHOULD HAVE BEEN REPORTED
- 99** - Completed HS graduate requirements/course req'ts and passed
* (Use 41 also if transferring to community school i.e., ECOT, Lifeskills)

Check this box if you have rec'd RECORDS REQUEST from new school.

DATE Records Request was rec'd from new school: ___/___/___

Check this box if you did NOT receive records request from new school.

Donna Bailey was given a copy of this form.

Signed: _____ Building: _____

Date form was completed: _____

Please return completed form to Susie Thomas at the Central Office and the student will be withdrawn as per your effective withdrawal date. Remember that the W/D date should reflect the student's actual last day of attendance.

**BROOKFIELD PARENT'S CONSENT TO ALLOW BROOKFIELD LOCAL SCHOOL
DISTRICT TO RELEASE RECORDS TO NEXT SCHOOL**

TO BE COMPLETED BY PARENT OR GUARDIAN: I hereby authorize the following Brookfield School
(*please check one*):

- Brookfield Elementary (District IRN 007906)
- Brookfield Middle School (District IRN 003756)
- Brookfield High School (District IRN 003749)

to release the records of (*STUDENT'S NAME*) _____ to the following **new**
school district that my child will be attending upon withdrawal from Brookfield:

Name of new **School District:** _____

Name of School Building: _____

Phone # of new school: _____

This district is (please check): (within the state of Ohio), (outside the state of Ohio).

The following records may be released (check all that apply):

- Any and all records on file that are requested by the new school above
- Educational records
- Psychological records
- Medical records
- By checking here, I certify that I am the student who is leaving Brookfield Local School District and I am 18 years of age or older, **OR**
- By checking here, I certify that I am the parent, guardian or custodian of the student who is leaving Brookfield Local School District and he/she is UNDER 18 years of age.

Effective Withdrawal Date: ___/___/___

Print Name: _____ Relationship to Student: _____

Address: _____

Signature: _____ Date: _____

BUILDING SECRETARY: Please sign & date here if you were not able to locate the parent of student to fill out & sign this form. (Fill out top part of form with as much information as possible.)

Building Secretary – PRINT NAME DATE

Signature of Building Secretary DATE

TO BE COMPLETED BY BROOKFIELD EMIS COORDINATOR:

Admitted to Next District Name: _____ District IRN: _____

Student's Next School Enrollment Date: ___/___/___

Signature Brookfield EMIS Coordinator: _____ Date: ___/___/___