WITHDRAWAL OF BROOKFIELD STUDENT

Student #: _____   **Name of Student:** _____   **Grade:** _____

Effective EMIS Date of Withdrawal: _____ *(Use date of 7/1 for summer withdrawals)*

Reason for Withdrawal (check one):

☐ NA - This student should not be withdrawn from system due to OEO, CFPO, or _____

☐ 35 – Resident district no longer responsible for student (moved out of district)

☐ 36 – Completed pre-school 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 <u>OUT</u> 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/non-attendance (Principal/Guidance must sign below)

☐ 72 – Employment/Work permit (Superintendent's approval needed)

☐ 73 – Drop out (Over 18 years old)

☐ 74 – Moved: not known to be continuing (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 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 and course requirements and passed
   *Use 41 also if transferring to community school i.e. ECOT, Lifeskills

☐ Check this box if you have received a Records Request from new school
   ○ Date Records Request was received 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Please return completed form to Alysia Williams for student to be withdrawn as per your effective withdrawal date.
Remember the withdrawal date should reflect the student's actual last day of attendance.

PARENT/GUARDIAN CONSENT ALLOWING BROOKFIELD SCHOOLS TO RELEASE RECORDS TO NEW SCHOOL

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

- ☐ Brookfield Elementary School (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: _____ Fax # of New School: _____

This district is (please check):

- ☐ Within the State of Ohio
- ☐ Outside the State of Ohio
- ☐ Private
- ☐ Public
- ☐ Community/Online

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

- ☐ Any and all records on file that are requested by the new school above
- ☐ Education records
- ☐ Psychological records
- ☐ Medical records
- ☐ By checking here, I certify 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 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 and date here if you were not able to locate the parent of student to fill out and sign this form (fill out top part of form with as much information as possible).

Building Secretary – PRINT NAME: _____ Date: _____

Building Secretary – SIGNATURE: _____