

Chagrin Falls Exempted Village Schools
Office of Pupil Services
400 East Washington Street
Chagrin Falls, OH 44022
Student Withdrawal Form

Student Name

Date of Birth

Age

Gender Male Female

Present Grade

Last Date of Attendance

Old Address

City

State

Zip

New Address

City

State

Zip

New School

New School Address

City

State

Zip

Yes No

Does student receive special education services through an Individualized Education Program (IEP) Plan?

Yes No

Does student have a Section 504 Accommodation Plan?

RECORDS RELEASE AUTHORIZATION:

I hereby request and authorize the transfer of this student's records to the new school which this student will be attending. *This release includes current psychological test data (Multifactorial Evaluation(MFE) or Evaluation Team Report) and Individualized Education Program (IEP) Plan or Section 504 Accommodation Plan, if applicable for student.* I understand that I have a right to receive a copy at my cost if requested, the right to a hearing to challenge the contents if requested, and that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my written consent.

Signature _____

Date _____

(Parent, Legal Guardian, Self (if 18 or over))

Principal's Signature

Permanent Records Sent (Date/Initials)

ETR/IEP Sent (Date/Initials)

Section 504 Plan Sent (Date/Initials)

02/05