EUCLID SCHOOLS

Authorization for Student Withdrawal

Current Date: _____   Date of last attendance: _____

Student Name: _____   Student Number: _____
                    Last Name   First Name   Middle Initial

Date of Birth: _____ / _____ / _____   Current School: _____   Current Grade: _____

Gifted: ☐ YES ☐ NO   ELL: ☐ YES ☐ NO   Special Ed: ☐ YES ☐ NO

Is student remaining in Euclid, OH? ☐ YES ☐ NO If yes, Address: _____

New School District: _____   Grade: _____

New School: _____   City/State: _____

Reason for Withdrawal – *check appropriate code:*

☐ 35 Withdrew from Educating Entity, Resident District No Longer Responsible *(Foster Placed-Director use only)*
☐ 36 Withdrawn from Preschool Program *(Don't use for enrolling in another district)*
☐ 37 Withdrew from Kindergarten *(Don't use for enrolling in another district)*
☐ 40 Withdrawn to another district outside Ohio
☐ 41 Withdrawn to another district in Ohio
☐ 42 Withdrawn to Private School/and or Parochial School
☐ 43 Withdrawn to Home Schooling *(Superintendent Approval only)*
☐ 46 Withdrawn out of the United States
☐ 48 Withdrawn due to expulsion – Date of Expulsion: _____ / _____ / _____
☐ 52 Death
☐ 71 Withdrawn due to truancy/non-attendance *(Drop-out)*
☐ 73 Over 18 years of Age *(Drop-Out)*
☐ 99 Completed graduation requirements *(only by graduation request)*
☐ Other:_____

If student is moving - *complete this section*

☐ Family moved   ☐ Student only moved   ☐ Family is in transition

New Address: _____
             House Number   Street Name   City   State   Zip Code

If guardianship change – *complete this section*

☐ Foster placed
☐ Court placed

Name of New Guardian: _____   Relationship: _____

Name of New Guardian: _____   Relationship: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Parent/Guardian Signature: _____   Date: _____

Parent/Guardian Phone Number: (_____)_____

School Personnel: _____   Signature: _____

Instructions: Send original to Student Affairs – EMIS and one copy to parent/guardian.

3/21/19 rlu

EUCLID SCHOOLS

Verification of Enrollment Form

Due to mandates from the Ohio Department of Education regarding record keeping on student withdrawals, it has now become necessary to verify when a student has transferred from one to school to another.

Please fax or email this verification form back to Euclid City Schools as soon as the student has enrolled in your school or program.

Student's Name _____ Date of Birth _____ Student # and SSID#

Name of New School or Program

Street Address

City _____ State _____ Zip Code

Phone Number _____ Fax Number

Date of Enrollment _____ School Official Signature

FOR OFFICE USE ONLY:

Infinite Campus
☐ End Date
☐ End Status
☐ Withdrawn to IRN
☐ End Comments

Signature of School Official _____ Date

2/27/19 ru