

Avon Lake City Schools – WITHDRAWAL

District IRN 048124

Please PRINT – check school



- | | | |
|--|---|--|
| <input type="checkbox"/> Avon Lake High School | <input type="checkbox"/> Learwood Middle | <input type="checkbox"/> Troy Intermediate |
| <input type="checkbox"/> Eastview Elementary | <input type="checkbox"/> Redwood Elementary | <input type="checkbox"/> Westview Elementary |

Date: _____	Grade Level: _____	Date of LAST Attendance: _____
Student Name: _____	Gifted: <input type="checkbox"/>	LEP: <input type="checkbox"/>
Birth Date: _____	Student ID: _____	Special Ed: <input type="checkbox"/>
New School District: _____	IRN: _____	504: <input type="checkbox"/>
New School: _____	Library Books Owed: \$ _____	Student FEES Owed: \$ _____
New Home Address: _____	LUNCH Balance Owed: \$ _____	LEAPS/Kindergarten Owed: \$ _____
Parent's Cell Phone Number: _____	Technology/Chromebook: Due __ Rcvd__	

Reason for Withdrawal (please check the one that applies)

- | | |
|---|--|
| <input type="checkbox"/> 36 Withdrew from Preschool Program | <input type="checkbox"/> 52 Death |
| <input type="checkbox"/> 37 Withdrew from Kindergarten /wait another year | <input type="checkbox"/> 71 Withdrew Due to Truancy/ Nonattendance |
| <input type="checkbox"/> 40 Transferred to Another School District OUTSIDE OH | <input type="checkbox"/> 72 Pursued Employment / Work Permit w/Superintendent Approval on File |
| <input type="checkbox"/> 41 Transferred to an OHIO District | <input type="checkbox"/> 73 Over 18 Years of Age |
| <input type="checkbox"/> 42 Transferred to a Private School | <input type="checkbox"/> 74 Moved- Not Known to be Continuing |
| <input type="checkbox"/> 43 Transferred to Home Schooling w/Superintendent Approval | <input type="checkbox"/> 75 Completed Course Requirements – DID NOT Pass Assessments |
| <input type="checkbox"/> 45 Transferred by Court Order/Adjudication | <input type="checkbox"/> 77 Withdrew due to ORC §3314.26 (non-tested) |
| <input type="checkbox"/> 46 Transferred out of United States | <input type="checkbox"/> 79 No Longer Eligible to be Enrolled in District |
| <input type="checkbox"/> 47 Withdrew Pursuant to Yoder vs Wisconsin –Grade 8 ONLY | <input type="checkbox"/> 81 Student Reported in Error |
| <input type="checkbox"/> 48 Expelled From: _____ To: _____ | <input type="checkbox"/> 99 Completed Graduation Requirements |
| <input type="checkbox"/> 51 Verified Medical Reasons – Dr.'s Authorization on File | |

CHECKOUT LIST: (Staff members will initial this form indicating the following)

The textbook number issued if the book has NOT been returned, fees owed, current grade up to the date of withdrawal.

Teacher Name	Course Name	Book Returned	Book #	Letter Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If Guardianship Changed – Complete this Section

Name (New Guardian): _____ Relationship: _____

I am formally withdrawing this student from Avon Lake City Schools

Parent/Legal Guardian Signature: _____

Okay to WD Building Personnel's Signature: _____

Original with Students Permanent Record



Avon Lake City Schools

Director of Operations - Dr. Ned W. Lauver

Dear Parent or Guardian,

Our records indicate that your child has either graduated or withdrawn from the district. The information below shows there is a balance left on the lunch account. Please let us know if you would like to receive a refund, transfer the money to a sibling, or donate the money to a family in need. If a response is not received by _____, the funds will be donated to a family in need.

Student Name: _____ **Account Balance: \$** _____

Please complete this form and return to Andrea Sokolow, Food Service Supervisor, at andrea.sokolow@alcsok.org or call 440-930-8215 or mail to:

**Avon Lake City Schools
Food Service Supervisor
175 Avon Belden Rd.
Avon Lake, Ohio 44012**

___ Refund the money

___ Transfer balance to Sibling _____

Sibling's Name

___ Donate money to family in need

Please mail a check to the address below:

Parent/Guardian Name: _____

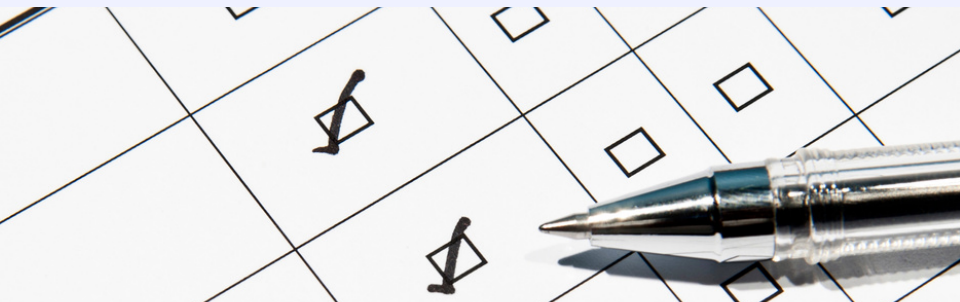
Address: _____

Parent/Guardian Signature

Date



AVON LAKE CITY SCHOOLS



Please take a moment to complete a brief online survey about your decision to withdraw your child(ren) from the Avon Lake City Schools.



Survey Link:

<https://www.surveymonkey.com/r/YY9MWXJ>