Avon Lake City Schools – WITHDRAWAL

District IRN 048124

Please PRINT – check school

☐ **Avon Lake High School** ☐ **Learwood Middle** ☐ **Troy Intermediate**
☐ **Eastview Elementary** ☐ **Redwood Elementary** ☐ **Westview Elementary**

Date: _____ **Grade Level:** _____ **Date of LAST Attendance:** _____
Student Name: _____ **Gifted:** ☐ **IEP:** ☐
Birth Date: _____ **Student ID:** _____ **Special Ed:** ☐ **504:** ☐
New School District: _____ **IRN:** _____ **Library Books Owed:** $ _____
New School: _____ **Student FEES Owed**: $ _____
New Home Address: _____ **LUNCH Balance Owed**: $ _____
Parent's Cell Phone Number: _____ **LEAPS/Kindergarten Owed**: $ _____
Technology/Chromebook: Due __ **Rcvd**__

Reason for Withdrawal (please check the one that applies)

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

revised: 9/1/2021

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Our records indicate that your child has either graduated or withdrawn from the district.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@alcsoh.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