

**PERRYSBURG EXEMPTED VILLAGE
SCHOOL DISTRICT**

NOTICE OF WITHDRAW/CHECKOUT PROCEDURE

Student Name: _____ Date of Birth: _____

Present Address: _____ Grade: _____
 (Street) (City) (Zip)

School records should be sent for the above-named student to:

_____ (School) _____ (Street) _____ (City) _____ (State) _____ (Zip)

Date of Withdraw _____

Signature of Person Authorizing Withdraw _____
 (Parent/Guardian/or Student - if 18 years old or older)

New Address _____ Phone _____
 (Street) (City) (State) (Zip)

Witnessed By: _____ Notes: _____

Office Staff Only: Information released shall include the following records (check please):

- 1. General identifying data (name, address, birthdate, grade level completed, grades, teacher evaluations, activities, attendance records, etc.)
- 2. Health data
- 3. Standardized test scores
- 4. Special Education records (Individualized Education Plan (IEP) and Evaluation Team Report (ETR) (if applicable)
- 5. Intervention Assistance Team (IAT) or 504 document(s) (if applicable)
- 6. Gifted records (if applicable)
- 7. Disciplinary record(s) (if applicable)
- 8. Other _____

When completed, this form is to be placed in the student's cumulative folder.

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Date Leaving _____

Student's Name _____

Address _____

Homeroom Teacher _____

Team Assignment (if applicable) _____

The above named student is withdrawing from Perrysburg Schools and transferring to:

School _____ City _____ State _____

Each teacher is to sign below after having checked the student out of his/her class. Please give a grade for work done this marking period where applicable.

Subject	Grade To Date	Date	Money Owed	Teacher	Textbook Returned
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Laptop					<input type="checkbox"/> Yes <input type="checkbox"/> No
Library					
Athletics					
(Jr. High and High School only)					
Total Fees/Obligations					

Counselor's Signature _____

Principal's Signature _____

Teacher Comments: _____

No transcripts will be forwarded until all obligations are paid or returned (fines, lost books, athletic uniforms or equipment).

After completion of this form, please return to the guidance office/main office.