



CLOVERLEAF LOCAL SCHOOLS WITHDRAWAL FORM

Student Name _____ Student ID# _____

New Address _____

Street City Zip

Phone Number _____ Name of Parent/Guardian _____

Reason for withdrawal _____

Parent Signature _____ Date _____

Will student continue to live in the Cloverleaf Local School District and be educated by another school district or community school?
_____ Yes _____ No

New District for education: _____ (School District Name) _____ (City) _____ (State)

Reason for Leaving District:

- 35 Withdrew from Educating Entity, Resident District No Longer Responsible
36 Completed preschool program
37 Withdrew from Kindergarten
40 Transferred to a school district outside of Ohio
41 Transferred to another school district - local, exempted village or city (transcript request on file)
42 Transferred to a private school (transcript request on file)
43 Transferred to home schooling (county superintendent's approval on file)
45 Transferred by Court Order/Adjudication (If Court has designated a public district other than yours as district responsible for paying for the education)
46 Transferred out of the United States
47 Withdrew pursuant to Yoder vs Wisconsin
48 Expelled
51 Verified Medical Reasons (doctor's authorization on file)
52 Death
71 Withdrew due to truancy/nonattendance
72 Pursued employment/work permit (Supt. Approval on file)
73 Over 18 years of age
74 Moved; not known to be continuing (call EMIS Coordinator for clarification)
75 Student completed course requirements, but did not pass the appropriate statewide assessments required for graduation.
76 Non-Attendance According to the 105-Hour Rule
79 No Longer Eligible to be Enrolled in District
81 Student Reported in Error
99 Completed graduation requirements. Course requirements and appropriate assessments for graduation.

Authorization to release all school records _____yes _____no

OFFICE USE ONLY: (When parents do not complete withdrawal form, building secretary should complete as much above information as possible)

Last Day of Attendance _____ Grade _____

DASL Withdrawal Date: _____

Start Date at New District: _____

Teacher _____ Homeroom # _____

Submit withdrawal form to Central Registration along with copy of records request