



428 North Street • Chardon, OH 44024 • Phone: 440-285-4052 • Fax: 440-285-7229

STUDENT WITHDRAWAL

Release of Records

Student's Name (Print)

Date of Birth

Grade

**At time of withdrawal*

Which school is your child currently attending?

Chardon Early Learning Center

Munson Elementary School

Park Elementary School

Chardon Middle School

Chardon High School

Date of withdrawal from Chardon Local School District: _____

Reason for withdrawal: _____

I hereby authorize Chardon Local School District to release all records that may include, but are not limited to: Official Transcript, Testing Records, Special Education Records, Health Records, Academic Records, Psychological Records and Attendance Records for the student above to the new enrolling school upon request of said school. I understand that it is my responsibility to make certain all textbooks and Chromebook are returned and all of the student fees are paid by the last day at Chardon Schools.

Parent/Guardian Signature

Date

NEW ADMITTING SCHOOL

School Name _____

Enrolling School Phone Number _____ Fax Number _____

Address _____

Intended Start Date in New School _____