

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

LAST DAY OF ATTENDANCE AT WEST GEAUGA: \_\_\_\_\_

- STUDENT WILL BE:  MOVING IN STATE *New District/Building:* \_\_\_\_\_  
 MOVING OUT OF STATE – *New District/Building:* \_\_\_\_\_  
 TRANSFERRING TO ON-LINE SCHOOL –*On-Line School:* \_\_\_\_\_  
 TRANSFER TO HOMESCHOOLING –  *Notification to district with Superintendent Approval on file*  
 OTHER: \_\_\_\_\_

**STEP ONE** Obtain the signature of each of your teachers. When possible, see teachers during your regular class period. **DO NOT INTERRUPT CLASSES TO SEE A TEACHER.** Books and other materials must be returned directly to the teacher. Please do not ask another student to do this for you.

Period	Subject	Grade to Date	Books and materials returned (Teachers Initials)	Comments	Teacher's Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

**STEP TWO:** Make sure all outstanding fees and fines are paid. Your records will not be released to your new school is this is not done.

**PLEASE SEE THE LIBRARIAN AND THE PRINCIPAL'S SECRETARY TO VERIFY ABOVE.**

\_\_\_\_\_  
 Librarian Signature

\_\_\_\_\_  
 Principal's Secretary Signature

**STEP THREE:** Parent/Guardian to sign and date below

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

**This form must be completed before a District Withdrawal Form can be accepted.** This form should be submitted to the following location:

- High School – Guidance Secretary
- Middle School – Building Secretary
- Lindsey / Westwood – Building Secretary

A District Withdrawal Form will be available at the time the Clearance Form is presented for a Parent/Guardian to complete the withdrawal process. All records will be released to the new placement of the student(s) upon receipt of an official Record Request from the new facility.

DATE: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_

Name: _____		Date of Birth: _____	Bldg	<input type="checkbox"/> HS	<input type="checkbox"/> MS	<input type="checkbox"/> RCL	<input type="checkbox"/> WW
Grade: _____	Last Day Attending: _____						
<input type="checkbox"/> Moving out of West Geauga District	New District Name: _____						
	New Building Name: _____						
	Address: _____		City: _____		Zip: _____		
	Contact: _____		Phone _____		Email: _____		
<input type="checkbox"/> Transferring to Private School	Name of School: _____						
	Address: _____		City: _____		Zip: _____		
	Contact: _____		Phone _____		Email: _____		
<input type="checkbox"/> Transferring to On-Line School	Name of School: _____						
	Address: _____		City: _____		Zip: _____		
	Contact: _____		Phone _____		Email: _____		
<input type="checkbox"/> Will be Home Schooled	Student has been registered with Geauga County				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>Homeschool application approval must be on file in the West Geauga Local Schools Superintendent's office</i>						
<i>For office staff only</i>							
<input type="checkbox"/> Clearance form recd	<input type="checkbox"/> Year-End withdraw	Amt. owed - \$ _____		Staff Signature: _____			

I hereby authorize West Geauga Local Schools to withdraw my child(ren) from the district. Upon Request of Records from the above school district(s) I authorize the release of records to the above district(s). These records may include, but are not limited to: Official Transcript, Testing Records, Special Education Records, Health Records, Academic Records, Psychological Records and Attendance Records.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date of Signature