

**Notice of Student Withdrawal
District 165 Schools**

2014-2015



Last Day of Attendance
(mm/dd/yy)

We as Parents or Legal Guardians have the right to examine the transcripts pursuant to the Family Education and Privacy Act of 1974.
I authorize Marengo-Union School District 165, Marengo, Illinois, to release all records (including Special Education records) for the student listed below.

STUDENT INFORMATION

| | | | |
|---|-----------------------------------|----------------|----------|
| 1. Student's Legal Last Name | 2. Student's Legal First Name | 3. Middle Name | 4. Grade |
| 5. Dist. 165 School leaving: Locust/ Grant / MCMS/ PS/ EC | 6. Gender Male / Female | 7. Notes: | |

8. Primary Withdrawal Type
Select the following that best describes why the student is withdrawing from Dist 165.

- W01** Transfer to Another Public School.
- W02** Transfer to A Non-Public School.
- W16** Transfer Out of IL.
- W17** Transfer to an Sedom Program
- W18** Transfer to Government Institution.
- W20 Never Attended Current Year.**
- W21** Destination unknown.
- W26** Deceased.
- W27** Withdrawn by parent (Below 7).
- W28** Expulsion.
- W34 Dropout** Withdrawn by parent do not know where abouts.
- W35** Home Schooling. **It is parents responsibility to notify R.O.E 815-334-4475 Leslie Schermerhorn**
- W40** Changed to Half Time Student.
- W43** (800 Entity Use only) Transfer to Safe Schools
- Other _____

Transferring to: _____

| | | | | | |
|----------------------------------|--------------------------------------|--|--|--|--|
| 9a. Fees Adjust | 9b. Fees Owed to District. 165 \$ | 9c. Lunch Fees Owed To Dist. 165 \$ | 9d. Library Fine Owed to Dist. 165 \$ | 10a. Fees owed to Parent/Guardian \$ | 10b. Lunch Money Owed to Parent/Guardian \$ |
| 9e. See Siblings Yes / No | 9f. Total Owed To District 165 \$ | 10c. Total Owed to Parent/Guardian \$ <input type="checkbox"/> Refund sheet filled out(Kathy will fill this out) | 11. All Textbooks Returned Follet ID# <input type="checkbox"/> LAW T _____ <input type="checkbox"/> LAR T _____ <input type="checkbox"/> Math T _____ <input type="checkbox"/> Science T _____ <input type="checkbox"/> Social Studies T _____ | 12. Library Books Returned: _____ _____ _____ | 13. Lost Book(s) _____ _____ _____ |

14. Parent/Guardian's new address _____

| | |
|---------------------------------------|-----------------------------|
| 15a. Parent/Guardian Signature | 15b. Date (mm/dd/yy) |
|---------------------------------------|-----------------------------|

Note: If parent /guardian is unable to sign this form, please indicate the reason signature was not obtainable.

15c. _____

| | | |
|---|-------------------------------|--------------------------------------|
| Student's records compiled Yes / No | Compiled by: | Date Compiled: |
| Received Request from other school :Yes / No | Date Request received: | School the records were sent: |
| State ISBE transfer form completed: Yes / NO | Completed by: | Date Completed: |

Kathy/Kim
Notified: Principal, School Nurse, Teachers,
Transportation, Special Ed Office and Library.
Check Lunch Program to pull application.
Print Attendance, Schedule, Grades, Card. Delete Locker
Dropped with State/Date _____

Date all info Mailed: _____

Principal Signature: _____