

**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- W27** Withdrawn by parent (Below 7).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- W34 Dropout** Withdrawn by parent do not know where abouts.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: _____