

# Student Withdrawal Form



CLEVELAND  
METROPOLITAN  
SCHOOL DISTRICT

1111 Superior Ave. E, Suite 1800, Cleveland, OH 44114 • 216.838.0000

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student ID: \_\_\_\_\_ Student State ID number: \_\_\_\_\_

School Leaving: \_\_\_\_\_ Grade: \_\_\_\_\_

Current Address: \_\_\_\_\_

CURRENT	YES	NO
GIFTED		
LEP		
IEP		
504		
RIMP		

New School: \_\_\_\_\_

New School District: \_\_\_\_\_

## Reason for Withdrawal – School Official to circle appropriate code:

- 36 Withdrew from Preschool Program
- 37 Withdrew from Kindergarten to Wait Another Year
- 40 Transferred to another school district – outside Ohio
- 41 Transferred to another Ohio district
- 42 Transferred to a Private School
- 43 Transferred to home schooling w/Superintendent approval
- 44 Withdrew to a Community School
- 45 Transferred by court order/adjudication – District not responsible
- 46 Transferred out of the United States
- 47 Withdrew pursuant to Yoder vs. Wisconsin, only 8th grades
- 48 Expelled Dates [From: \_\_\_\_\_ ] [To: \_\_\_\_\_ ]
- 51 Verified Medical Reasons – Dr.'s authorization on file
- 52 Death
- 72 Pursued Employment/Work Permit w/JobCorp/GED
- 73 Over 18 years of age

**K-3 was this student ever**

retained? YES  NO

**Which Grade** \_\_\_\_\_

Attach copy  
of guardian ID here  
and place copy  
in Student File

## If Guardianship Change – Complete this Section

Name (New Guardian): \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason for guardian change: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

School District Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

CMSD Comments \_\_\_\_\_

# Student Withdrawal Form (Student Assignments Copy)



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Please respond to all that apply**

1. Reason for withdrawal?

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2. Did you experience dissatisfaction from the school faculty? If so, please describe?

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3. What did you like about the school?

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4. What recommendations do you have to make the school better?

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5. New Address (If Moved): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New School: \_\_\_\_\_ City: \_\_\_\_\_

**Print**

**Save As**