



Mayfield City Schools

EVERY STUDENT. EVERY DAY.

1101 S.O.M. Center Road • Mayfield Heights, OH 44124 • Tel: 440.995.6800 • Fax: 440.995.7205

www.mayfieldschools.org

Notice of Transfer/Withdrawal/Records Release

Student's Name: _____
Last First Middle

Date of Birth: _____ Student's ADM #: _____ Withdrawal Date: _____
mm/dd/yy last day attended

Current School: _____ Current Grade (last grade attended): _____

Address before withdrawal: _____
Address Apt.# City Zip

New Address (if different from above): _____
Address Apt.# City State Zip

Reason for Leaving:

- ___ Entire family moving
- ___ Student to live with other parent/guardian
- ___ Student to attend private school
- ___ Change of Foster placement
- ___ Student is 18 yrs old (non-grad) electing to work
- ___ Other (specify): _____

Release of Records:

It is requested that an official copy of the student record be sent to my child's new school district/agency:

- New School District/Agency _____
- ___ Transcripts/Academic Grades
 - ___ Standardized Test Scores
 - ___ Evaluation Team Report (ETR)/Individual Education Plan (IEP)
 - ___ Other (please specify) _____
 - ___ Grades to Date
 - ___ Health/Immunization Records

I am formally withdrawing the student named above from the Mayfield City School District and requesting the release of the records checked above. I understand that it is my responsibility to make certain that all of the student's books are returned and all the student's fees are paid by the last day at Mayfield Schools. Records will not be released until this has been completed.

Parent/Guardian Signature: _____ Date: _____

Distribution: Parent, Student File, Transportation, Special Pupil Services

Outstanding fees: \$ _____

Returned books? (circle) Yes No