



**Brecksville
Broadview Heights
City School District**

Student Withdrawal Form

Student Name: _____ Grade: _____

Current School: _____

New School/Address: _____

Date of Withdrawal: _____ Anticipated Start Date at New School: _____

Moved/Moving to New District: _____ Will Attend New School On Open Enrollment: _____

Old Address: _____ New Address: _____

Records Release Authorization

I confirm and attest that I am the legal guardian of the above named student. I hereby withdraw this student from the Brecksville-Broadview Heights City School District. I authorize transfer of all records including but not limited to: academic records, special education records, grades, test scores, psychological reports and health records to the new school district.

Parent/Guardian Signature _____
Date

Office Use Only

_____ Records sent to the new school (date): _____

_____ Withdrawal entered in database (date): _____

_____ Email sent to EMIS Coordinator for check of future years' enrollment

_____ Fees owed to Brecksville-Broadview Heights City Schools: \$ _____

Brecksville-Broadview Heights City School District IRN number: 043646