

Chagrin Falls Exempted Village Schools

400 East Washington Street
Chagrin Falls, OH 44022

Family Last Name:

Chagrin Falls Address :

City

State

Zip

STUDENTS BEING WITHDRAWN FROM CHAGRIN FALLS:

Student Full Name

Grade

Date of Birth

Last Day Attending CF

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NEW RESIDENCY INFORMATION (If applicable)

New Household Address:

City

State

Zip

NEW SCHOOL INFORMATION

District Name:

City:

State:

Zip:

Phone:

Fax:

Contact Name:

Email:

RELEASE AUTHORIZATION

I hereby authorize the transfer of this student's records to the new school district listed above upon written request from that district. This release includes current psychological test data, Multifactor Evaluation (MFE) or Evaluation Team Report (ETR) and Individualized Education Program (IEP) or Section 504 Accommodation Plan if applicable for student. I understand that I have a right to receive a copy at my cost if requested, the right to a hearing to challenge the contents if requested, and that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my written consent.

Signature: _____ Date: _____
Parent / Legal Guardian or Self (if 18 or over)

PLEASE DO NOT WRITE BELOW THIS LINE

Records requested by new district Date: _____

Records sent to new district Date: _____ Signature: _____

If records not requested by new district indicate attempts to obtain enrollment documentation below:

Date: _____ Explanation: _____

Date: _____ Explanation: _____