

KENSTON INTERMEDIATE SCHOOL
17419 Snyder Road
Chagrin Falls, Ohio 44023
440-543-9722

STUDENT TRANSFER INFORMATION AND RELEASE FORM

NAME: _____ **BIRTHDATE:** _____

GRADE: _____ **TEACHER:** _____

ATTENDED KENSTON INTERMEDIATE SCHOOL FROM _____ **TO** _____

LAST DAY AT KENSTON INTERMEDIATE SCHOOL: _____

REASON FOR WITHDRAWAL: _____ **MOVING**
_____ **HOME SCHOOLING**
_____ **OTHER** _____

NEW RESIDENCE: _____

NEW SCHOOL: _____

(This center portion is for the teacher to complete.)

DAYS PRESENT THIS YEAR: _____ **DAYS ABSENT:** _____

READING SERIES: _____ **LEVEL:** _____

MATH SERIES: _____ **LEVEL:** _____

OTHER TEXTS: _____

TEACHER'S COMMENTS: _____

(If available, additional academic, psychological testing, and health records will be forwarded upon request of enrolling school.)

(This bottom portion is for the student's parent or guardian to complete.)

I hereby authorize Kenston Intermediate School (Kenston School District) to release all records for the above student, including academic, psychological, and health, to the new enrolling school or agency (name/address: _____
_____) upon request of said school or agency.

PARENT'S (GUARDIAN'S) SIGNATURE: _____

DATE: _____

(One copy will be sent with student on last day of attendance at Kenston Intermediate School.)
(One copy will be filed in student file to await record request from new school.)