

**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:** \_\_\_\_\_

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*(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.)

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*(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.)