

STUDENT WITHDRAWAL

Release of Records

Student's Name (Print)	Date of Birth	Grade *At time of withdrawa
Which school is your student currently atter	nding?	
☐ Timmons Elementary School		
☐ Kenston Intermediate School		
☐ Kenston Middle School		
☐ Kenston High School		
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Date of withdrawal from Kenston Local Sch	ool District:	
ū	strict to release all records, inc	_
Date of withdrawal from Kenston Local Sch I hereby authorize Kenston Local School Di psychological, and health, for the student al	strict to release all records, inc	_
Date of withdrawal from Kenston Local Sch I hereby authorize Kenston Local School Di psychological, and health, for the student al school.	strict to release all records, inc	ol upon request of said
Date of withdrawal from Kenston Local Sch I hereby authorize Kenston Local School Di psychological, and health, for the student al school. Parent/Guardian Signature NEW ADMITTING SCHOOL	strict to release all records, incoorded to the new enrolling schools.	ol upon request of said
Date of withdrawal from Kenston Local Sch I hereby authorize Kenston Local School Dipsychological, and health, for the student alschool. Parent/Guardian Signature	strict to release all records, incoorded to the new enrolling schools.	ol upon request of said