

PLAIN LOCAL SCHOOLS

RECORDS REQUEST / WITHDRAWAL

Request for Transfer of School Records

This Form is provided by the Plain Local School District for the purpose of obtaining or releasing a student's school records. By signing this release, a parent or legal guardian will expedite the transfer of records to another school for enrollment purposes.

Student name: _____ Date of Birth _____ Grade _____

Student name: _____ Date of Birth _____ Grade _____

Student name: _____ Date of Birth _____ Grade _____



For New Enrollment.

Date of Entry _____

My child (children) is transferring from:

School _____ District: _____

Address _____



For Withdrawal.

Date of Withdrawal _____

My child (children) is withdrawing to:

Parent Initials _____

School _____ District: _____

Address _____

I hereby authorize the Plain Local School District in Stark County, Ohio, to release or obtain information, including psychological or special testing, academic and immunization records, and State ID number the above listed student(s).

Signed _____
(Parent or Legal Guardian)

Date _____ Relationship to Student _____

Ohio Revised Code states that minor children must be re-enrolled within one week after relocation to another school district.

1/8/2013 dlb