



LAKE LOCAL SCHOOL DISTRICT
Withdrawal Request / Consent

Student's Name

Last day of Attendance

Student Grade

Student Date of Birth

I am withdrawing this student for the following reason(s):
Moving out of Lake Local School District
Attending Private/Charter School
Home Schooled
Other:

NEW HOME Address (if applicable) City State Zip

Cell Phone Home Phone Preferred Email

Please list the name of the new school of attendance:

HS Only: Were you contacted by a school official for an exit interview? Yes No

Last School Attended: (must check one)

- Lake Primary (Grades K-1)
Lake Elementary (Grades 2-6)
Lake Middle/High School (Grades 7-12)

For State reporting requirements, Lake Local School District IRN #049866

I hereby grant permission for all confidential, medical, special education, psychological, education and/or information related to my child to be sent to:

Name of NEW School Date

NEW School Address City State Zip

School PHONE School FAX School EMAIL

Date Signed

Parent Name (Please Print)

Parent/Guardian Signature Relationship to Student