



HUBER HEIGHTS  
CITY SCHOOLS

# HUBER HEIGHTS CITY SCHOOLS

## STUDENT EXIT FORM

### ELEMENTARY AND MIDDLE SCHOOL

900.16  
4-11  
(3-part)

Current Date \_\_\_/\_\_\_/\_\_\_ Withdrawal date \_\_\_/\_\_\_/\_\_\_ Student I.D. # \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

I, \_\_\_\_\_, relationship, \_\_\_\_\_,  
am withdrawing my child, \_\_\_\_\_, whose  
birth date is \_\_\_/\_\_\_/\_\_\_, from the Huber Heights City Schools.

#### Section A: Reason for Withdrawal

The reason for the student's withdrawal is:

A. Family is moving out of the district because:

- Employment change of parent/guardian.
- Better or more affordable housing.
- Relocating to another community for personal reasons.
- Better educational opportunity for student.

#### Student's New Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Contact #

\_\_\_\_\_

B.  Home School: *Written Notification to the Superintendent's Office is required.*

C.  Student is transferring to public school \_\_\_\_\_  
Name of School

D.  Student is transferring to a private school \_\_\_\_\_  
Name of School

E.  Foster Placement \_\_\_\_\_  
Name of School

F.  Other \_\_\_\_\_

#### Section B: Transfer of School Records

I hereby give permission for the Huber Heights City School District to release the following information: (Check one or more)

- Transcript information
- Special Education information, including I.E.P.
- Other: \_\_\_\_\_

To: New School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

#### Section C: Authorizing Signature

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



# HUBER HEIGHTS CITY SCHOOLS

## WAYNE HIGH SCHOOL STUDENT EXIT FORM

**DISTRICT ID: 048751**

900.16A  
1.30.13  
(4-part)  
lhp

Name:		D.O.B.	Grade:
Date:	Exit Date:	HHCS ID#	Years in HS

**The reason for the student's withdrawal is (check ALL that apply):**

<input type="checkbox"/> Student is transferring to a private school (Name of school, City, State)	
<input type="checkbox"/> Student is transferring to public school (Name of school, City, State)	
<input type="checkbox"/> Homeschooling: <b>Written Notification to the Superintendent's Office is required</b>	
<input type="checkbox"/> To pursue a GED ( <i>if under 19, you must receive an Age Waiver from the Superintendent</i> )	
<input type="checkbox"/> Expulsion: Start Date: _____	End Date: _____ <b>Student to re-enroll with the Registrar</b>
<input type="checkbox"/> Open Enrollment (Name of School, City, State)	
<input type="checkbox"/> Foster Placement (Name of School, City, State)	
<input type="checkbox"/> Administrative, non-district resident	<input type="checkbox"/> Student if dropping out of school
<input type="checkbox"/> Administrative, non-attendance	<input type="checkbox"/> Student has a job

**I hereby give permission for the Huber Heights City School District to release all information requested by the enrolling school.**

Signature (Parent/Guardian)	Contact Number
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Address: \_\_\_\_\_

PD	COURSE	TEACHER	ROOM	INITIALS	WITHDRAWAL GRADE	BOOKS RTD YES/NO
1						
2						
3						
4						
5						
6						
7						

LOCKER <input type="checkbox"/>	ID COLLECTED <input type="checkbox"/>	ITC <input type="checkbox"/>	BURSAR <input type="checkbox"/>	COUNSELOR <input type="checkbox"/>
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White: Parent/Student      Pink: Bursar  
 Yellow: Cumulative Record      Gold: File/Locker Mgmt

Registrar