



Fairport Harbor Exempted Village Schools

329 Vine Street Fairport Harbor

440-354-5400

info@fhevs.org

Student Withdrawal Form

School: _____ Teacher: _____

Student's Name: _____ Male Female

Date of Birth: _____ Current Grade: _____ Last Day at FHEVS: _____

Parent/Guardian Name: _____ Cell #: _____

Email Address: _____

Forwarding Address: _____

Please print clearly and include city, state and zip code

Reason for Withdrawal:

- Transfer to another Ohio School
- Transfer to a Private School
- Transfer Out of State
- Transfer Out of the United States - Name of Country _____
- Home School (with Superintendent approval on file)
- Enrolled in Online School: _____
- Other _____

Name of New School: _____

School Address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

- This student has an active IEP and is receiving Special Education Services.
- This student has a 504 Plan.
- This student was open enrolled at Fairport Schools.

Parent/Guardian Signature: _____ Date: _____ Time: _____

Student educational records will be forwarded to the receiving school upon written request.

For Office Use Only:

Date Student Records Sent _____ Sent By _____