



# Noble Public Schools Student Withdrawal

## Request for Records

In accordance with the Family Education Rights and Privacy Act (FERPA), 34 CFR99.31, transfer of records is requested for:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Attendance-Last Day of attendance in Noble School District: \_\_\_\_\_

\*Note that a gap in attendance dates between the last day in Noble School District and the date of enrollment at a new school district or accredited homeschool will be considered unexcused absences.

Request for education records include but is not limited to:

- \_\_\_\_\_ Immunization/Health Records
- \_\_\_\_\_ Special Education Records
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Grades/Cumulative Records
- \_\_\_\_\_ Discipline Records

I, \_\_\_\_\_, hereby acknowledge that Noble Public Schools will no longer be responsible for the education of my child, \_\_\_\_\_. I Further acknowledge that Oklahoma Statute requires that a student be reported as a drop-out unless written notification of accredited homeschooling enrollment or enrollment in another accredited school is provided. I also understand that all responsibility for the education of my child is now my own and Noble Public Schools will not be liable for any aspect of his/her education. **If Noble Public Schools does not receive proof of enrollment from an accredited school within 72 hours, I understand I will be turned in for Truancy per the Oklahoma Statute: 70-10-105**

My child will be enrolled in:

- \_\_\_\_\_ an Oklahoma Public School
- \_\_\_\_\_ Private School
- \_\_\_\_\_ Accredited Homeschool
- \_\_\_\_\_ Out of State School
- \_\_\_\_\_ Out of Country School

### New School Information:

School Name: \_\_\_\_\_ School District: \_\_\_\_\_

City/State: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**For Office Use:** \_\_\_\_\_ **CHROMBOOK HAS BEEN RETURNED** \_\_\_\_\_ **CHROMEBOOK HAS NOT BEEN RETURNED**

Signature of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Delivery: \_\_\_\_\_ Mailed: \_\_\_\_\_ Faxed: \_\_\_\_\_ Date: \_\_\_\_\_