## 2023-2024

Notice of Student Withdrawal District 165 Schools

Last Day of Attendance (mm/dd/yy)



We as Parents or Legal Guardians have the right to examine the transcripts pursuant to the Family Education and Privacy Act of 1974. I authorize Marengo-Union School District 165, Marengo, Illinois, to release all records (including Special Education records) for the student listed below.

STUDENT INFORMATION Parents Fill out.							
1. Student's Legal Last Name	2. Student's Le	Name	3. Mie	<mark>ldle Name</mark>	<mark>4. Grade</mark>		
5. Dist. 165 School leaving ( circle) PS/ EC /Locust/ Grant / Mo			6 Date (mm/dd/yy)				
7. New School:							
8. Parent/Guardian's new address							
9. Parent/Guardian Signature							
10. Note: If parent /guardian is unable to sign this form, please indicate the reason signature was not obtainable.							
Staff Fill out:							
Select the following that best describes why the student is withdrawing from District 165.     W01 Transfer to Another Public School.     W02 Transfer to A Non-Public School.     W16 Transfer Out of IL.     W18 Transfer to Government Institution.     W20 Never Attended Current Year.     W21 Destination unknown.     W26 Deceased.     W27 Withdrawn by parent (Below 7).     W28 Expulsion.     W34 Dropout Withdrawn by parent do not know where abouts.     W35 Home Schooling. It is parents responsibility to notify R.O.E 815-334-4475 Diana Hartmann, ED. S.     W40 Changed to Half Time Student.     W43 (800 Entity Use only) Transfer to Safe Schools     Other							
Fees Owed to District. 165 Lui \$	unch Fees Owed To Dist. 165		. 165	Library Fine Owed to Dist. 165 \$			
Lost Book(s)				Cost of lost Books \$			
See Siblings Yes / No Total Owed To District 165 \$							
Fees owed to Parent/Guardian: \$ Lunch Money Ov				ed to Parent/Guardian:\$			
Total Owed to Parent/Guardian \$	Refund she	et filled	out(Kathy	y will fill t	his out)		
Received Request from other school Yes / No Date Request received:							
Student's records compiled   Yes / No   Compiled by:   Date Compiled:     School the records were sent:   School Phone:							
State ISBE transfer form completed: Yes / No			ompleted by: Date Completed:		ted:		
Date all info Mailed:			Principal Signature:				