



**JOSEPH SEARS**  
EST. 1899

## Student Withdrawal Notification Form

*In accordance with Section 8.1(b) of The School Code, the district observes the statute that requires the forwarding, within 10 days of the receipt of request, an unofficial record of the student's grades to the school to which the student is transferring. Each school shall forward written information relative to the grade levels, subjects and record of academic grades achieved, current mathematics and language arts placement levels, health records and a most current set of standardized test reports. The district, within 10 days after the student has paid all of his or her outstanding fines and fees, forwards an official transcript of the scholastic records of each student transferring.*

Date Notification of Intent to Withdraw Received: _____ (office)			
Anticipated Student Withdrawal Date: _____			
Name of Student ( <i>Last, First, Middle</i> )	Birth Date ( <i>Month, Day, Year</i> )	Sex	Grade Level
Address of Student		Student SIS# (office)	
Name of Parent/Guardian	Parent/Guardian Telephone		
	Home:	Cell/Work:	
Address of Parent/Guardian Same as Student			

- Unofficial Transcripts and written information relative to the grade levels, subjects and record of academic grades achieved current mathematics and language arts placement levels, health records and a most current set of standardized test reports forwarded to school to which the student is transferring.
- Official Transcripts and written information relative to the grade levels, subjects and record of academic grades achieved, current mathematics and language arts placement levels, health records and a most current set of standardized test reports forwarded to school to which the student is transferring.

Name of Principal Dr. Stephanie Helfand	School Phone 847-853-3803	County Cook
District Name Kenilworth School District 38	District Address ( <i>City, State, Zip Code</i> ) 542 Abbotsford Road, Kenilworth, IL 60043	

School to which records are being sent:

Name of Principal/Administrator	School Phone Ext.	County
School Name	School Address ( <i>City, State, Zip Code</i> )	

Signature of Principal: \_\_\_\_\_ Date \_\_\_\_\_

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