



AVON PUBLIC SCHOOLS
AVON, CT 06001

STUDENT WITHDRAWAL FORM

Student Information

Student Name: Current Grade:

Current Address:

Parent Name: Phone #:

School Child is Withdrawing From (select one)

- Avon High School - 510 West Avon Road, Avon, CT 06001 - Phone 860-404-4740 - Fax 860-404-4743
Avon Middle School - 375 West Avon Road, Avon, CT 06001 - Phone 860-404-4770 - Fax 860-404-4773
Thompson Brook School - 150 Thompson Road, Avon, CT 06001 - Phone 860-404-4870 - Fax 860-404-4873
Pine Grove School - 151 Scoville Road, Avon, CT 06001 - Phone 860-404-4790 - Fax 860-404-4793
Roaring Brook School - 30 Old Wheeler Road, Avon, CT 06001 - Phone 860-404-4810 - Fax 860-404-4813
Avon Board of Education - 34 Simsbury Road, Avon, CT 06001 - Phone 860-404-4700 - Fax 860-404-4722

REASON FOR WITHDRAWING

- Moving Out of State/Out of Town/To New School

New Home

Address: Street City State Zip Code

- Enrolling in Private School
Enrolling in Magnet School

New School Name:

Street City State Zip Code

New School Phone Number: New School FAX Number:

- Home Schooling
Other (please explain)

I am withdrawing my child from Avon Public Schools

Effective: Date Parent/Guardian Printed Name Parent/Guardian Signature

School Use Only: Avon Student ID: SASID#: Revised 9/6/16



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## AUTHORIZATION TO RELEASE STUDENT RECORDS

Questions? Call 860-404-4700

### Sending Facility

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### Student Information

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

- Family/student moving out of Avon     Student transferring to another in-state school     Plan appropriate educational program

### Release Records to:

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

Address: \_\_\_\_\_  
  Street    Town    State    Zip Code

School Phone #: \_\_\_\_\_ School Fax #: \_\_\_\_\_

Permission is hereby given to the Avon Public Schools to release the following information regarding the above named student:

- ALL STUDENT RECORDS (includes all records listed below)
  - SPECIFIC RECORDS (checked below)
    - PERMANENT ACADEMIC RECORDS (transcript, standardized test data, supplemental data, etc.)
    - SPECIAL EDUCATION RECORDS (Planning & Placement Team Meetings, Individualized Education Plans, Psychological and Educational Evaluations, Social Worker Reports and Assessments, Speech & Language Evaluations, etc.)
    - HEALTH RECORDS (other than state mandated records for school attendance)
    - RECORDS FROM AGENCIES/PROFESSIONALS OUTSIDE OF THE SCHOOL DISTRICT
1. The student presently receives special education services?     yes     no
  2. The student has received special education services in the past?     yes     no
  3. The student presently receives services under Section 504?     yes     no
  4. The student has received services under Section 504 in the past?     yes     no

**I declare that I am the adult student or parent/guardian of the minor student to which the records pertain. I authorize the Avon Public Schools to release the records checked above.**

Signature of Parent/Guardian/Student (18 years of age or older) \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE:

Date records sent: \_\_\_\_\_ By: \_\_\_\_\_