

AVON PUBLIC SCHOOLS

AVON, CT 06001

STUDENT WITHDRAWAL FORM

Student Information					
tudent Name: Current Grade:					
Current Address:					
Parent Name:		Phone #:			
S	school Child is Withdrawing	g From (select one)			
 □ Avon Middle School – 37 □ Thompson Brook School □ Pine Grove School – 151 □ Roaring Brook School – 3 	West Avon Road, Avon, CT 060075 West Avon Road, Avon, CT 06075 West Avon Road, Avon, CT 0607 — 150 Thompson Road, Avon, CT 06001 — 30 Old Wheeler Road, Avon, CT 0607 — 34 Simsbury Road, Avon, CT 0607 — 34 Simsb	01 — Phone 860-404-477 06001 — Phone 860-404- Phone 860-404-4790 — F 6001 — Phone 860-404-4	70 — Fax 860-404-4773 -4870 — Fax 860-404-4 Fax 860-404-4793 810 — Fax 860-404-481	873	
☐ Moving Out of State/Out of					
New Home Address:					
Street ☐ Enrolling in Private School ☐ Enrolling in Magnet School New School Name:		City	State	Zip Code	
New School Phone Number:	New	City State Zip Code New School FAX Number:			
☐ Home Schooling☐ Other (please explain)					
I am withdrawing my child	Student Name		_ from Avon Publi	c Schools	
Effective:	Parent/Guardian Printed Name		Parent/Guardian Signature		
School Use Only	Z-SASID#			Revised 2/6/6	

Date records sent:_

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AUTHORIZATION TO RELEASE STUDENT RECORDS Questions? Call 860-404-4700

Sending Facility						
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						
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 ed	lucational program			
	Release Records to:					
School Name:						
Address:Street	Town	State	Zip Code			
	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 (check	•					
	MIC RECORDS (transcript, standardized NRECORDS (Planning & Placement Team					
☐ SPECIAL EDUCATION RECORDS (Planning & Placement Team Meetings, Individualized Education Plans, Psychological and Educational Evaluations, Social Worker Reports and						
	Language Evaluations, etc.)					
1	other than state mandated records for school ENCIES/PROFESSIONALS OUTSIDE OF	•	TCTDT€T			
l de la companya de	res special education services?	r THE SCHOOL D	lno □no			
· · ·	ecial education services in the past?	□ yes	□no			
3. The student has received special education services in the past. 3. The student presently receives services under Section 504?		□ yes	□ no			
4. The student presently 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 LISE.						

By:

AVON PUBLIC SCHOOLS CANTON PUBLIC SCHOOLS REGIONAL SCHOOL DISTRICT #10 NUTRITION SERVICES

MARGARET E. DREHER
DIRECTOR OF NUTRITION SERVICES

STUDENT DISENROLLMENT FORM

DATE:	
STUDENT NAME:	
PARENT SIGNATURE: _	
I request remaining for	odservice balance to be:
	rsed by payment sent via US mail to parent
	erred to sibling listed below
	o help pay the negative balance ifies for Free or Reduced Priced Meals.

24 Lyon Rd. Burlington, CT 06013 860 673-2538