



## CHIPPEWA VALLEY SCHOOLS HIGH SCHOOL STUDENT WITHDRAWAL FORM

**This Withdrawal Form must be completed for every student exiting Chippewa Valley Schools. To ensure proper processing, complete ALL applicable fields, and return form to the school's main office.**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Last name First name

Building: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Grad Year: \_\_\_\_\_

**Spec Ed Service**  Yes  No / **English Language Service**  Yes  No / **Tuition**  Yes  No / **SOC**  Yes  No

Reason for leaving: \_\_\_\_\_ Last Day of Attendance: \_\_\_\_\_

New School District: \_\_\_\_\_ New School: \_\_\_\_\_

Type of School: \_\_\_\_\_ City/State: \_\_\_\_\_

e.g., Private, Parochial, Public, Rehab, Virtual, Homeschool (Note: Homeschool. By signing below, parent/guardian acknowledges intent to administer education following Michigan Compulsory Attendance Law (MCL 380.1561) which allows an exemption. To be homeschooled, the child(ren) receive instruction at the child's home by his/her parent or legal guardian in an organized educational program.) See link for additional information. [https://www.michigan.gov/mde/-/media/Project/Websites/mde/OFM/Grants/NonPublic--Home-Schools/home\\_schools\\_122555\\_7.pdf?rev=d1a9f867700c4f6f82c5e0b291a2f5c5&hash=53F64814632F0E28C1037EA4E18052E2](https://www.michigan.gov/mde/-/media/Project/Websites/mde/OFM/Grants/NonPublic--Home-Schools/home_schools_122555_7.pdf?rev=d1a9f867700c4f6f82c5e0b291a2f5c5&hash=53F64814632F0E28C1037EA4E18052E2)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notification method if no parent signature: \_\_\_\_\_

Department/Item	Signature/Comment						
School Fees:	Bookkeeper Signature:						
Books Returned: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bookroom Signature:						
Locker# _____ Cleaned Out: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hall Monitor-Staff Signature:						
Parking Pass Returned: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Main Office Signature:						
Media/Library Fees:	Media Center Signature:						
Media Center or Office Staff	Please enter information below for all technology items returned by student.						
Laptop Barcode Enter Below:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Laptop Returned</td> <td style="width: 25%; text-align: center;">Charger Returned</td> <td style="width: 25%; text-align: center;">Laptop Case Returned</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	Laptop Returned	Charger Returned	Laptop Case Returned	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laptop Returned	Charger Returned	Laptop Case Returned					
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No					

**NOTE: FAILURE TO RETURN DISTRICT ISSUED ITEMS MAY DELAY PROCESSING TRANSCRIPT REQUESTS. ADDITIONALLY, NO RECOMMENDATIONS WILL BE GIVEN OR RE-ENTRY PERMITTED UNLESS THIS FORM IS COMPLETED IN FULL AND ALL DISTRICT ISSUED ITEMS RETURNED.**

\*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\* OFFICE USE ONLY \*\*\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

01-Grad from Gen Ed	02-Grad-College/Univ	03-Grade Alternative Program	04-Grad Non-Degree Inst
05-Grad Equivalency	06-Grad Other Cert	07-Dropped out of school	08-Enrolled in State District
09-Moved Out of State	10-Expelled	14-Home School	15-Enrolled Non-Public
17-Placed in Recover/Rehab	20-SE Only-recvd cert of comp	21-SE Only-reach max age	

**Check Steps Completed in PowerSchool:** Quick Lookup Printed  Most Recent Report Card Printed  Student is Transferred Out

**Check Staff/Department Notified (if applicable):** Counselor  Food Service  Pupil Accounting  Transportation  Special Services

Notes: \_\_\_\_\_ Completed by: \_\_\_\_\_

**Office Authorizing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Student withdraws from Chippewa Valley Schools –

Parents/Guardians are required to complete a student “**Withdrawal Form**” as notification that your child will no longer be attending our district. Withdrawal forms are available at the main office in all Chippewa Valley school buildings. You can complete the form in person at the building your child was attending or complete the form online and fax or email to the building. **Reminder: All district issued items must be returned when student is withdrawn.**

<b><u>Cherokee Elementary</u></b> Phone 586-723-4800 Fax 586-723-4801	<b><u>Cheyenne Elementary</u></b> Phone 586-723-5000 Fax 586-723-5001	<b><u>Clinton Valley Elementary</u></b> Phone 586-723-5200 Fax 586-723-5201	<b><u>Erie Elementary</u></b> Phone 586-723-5400 Fax 586-723-5401
<b><u>Fox Elementary</u></b> Phone 586-723-5600 Fax 586-723-5601	<b><u>Huron Elementary</u></b> Phone 586-723-5800 Fax 586-723-5801	<b><u>Miami Elementary</u></b> Phone 586-723-6000 Fax 586-723-6001	<b><u>Mohawk Elementary</u></b> Phone 586-723-6200 Fax 586-723-6201
<b><u>Ojibwa Elementary</u></b> Phone 586-723-6400 Fax 586-723-6401	<b><u>Ottawa Elementary</u></b> Phone 586-723-6600 Fax 586-723-6601	<b><u>Sequoyah Elementary</u></b> Phone 586-723-7000 Fax 586-723-7001	<b><u>Shawnee Elementary</u></b> Phone 586-723-6800 Fax 586-723-6801
<b><u>Algonquin Middle</u></b> Phone 586-723-3500 Fax 586-723-3501	<b><u>Iroquois Middle</u></b> Phone 586-723-3700 Fax 586-723-3701	<b><u>Seneca Middle</u></b> Phone 586-723-3900 Fax 586-723-3901	<b><u>Wyandot Middle</u></b> Phone 586-723-4200 Fax 586-723-4201
<b><u>Chippewa Valley High 9<sup>th</sup></u></b> Phone 586-723-3100 Fax 586-723-3141	<b><u>Chippewa Valley High 10-12</u></b> Phone 586-723-2300 Fax 586-723-2341	<b><u>Dakota High 9<sup>th</sup></u></b> Phone 586-723-3300 Fax 586-723-3341	<b><u>Dakota High 10-12</u></b> Phone 586-723-2700 Fax 586-723-2741
<b><u>Mohegan Alternative High</u></b> Phone 586-723-2080 Fax 586-723-2088	<b><u>Little Turtle Pre-School</u></b> Phone 586-723-6950 Fax 586-723-6951		

## COMPULSORY SCHOOL ATTENDANCE ATTENDANCE POLICIES AND GRADES

*The sections of the Revised School Code that address this issue are contained in the Michigan Compiled Laws under MCL 380.1147, 380.1278a, 380.1278b, 380.1284, 380.1284b, 380.1561-380.1599 and the State School Aid Act under MCL 388.1701.*

### **Age of Attendance**

*The law in Michigan governing compulsory attendance requires a parent, legal guardian, or other person having control or charge of a child age six to sixteen to send the child to school during the entire school year, except under the limited circumstances specified in subsection (3) of section 380.1561. A child who was age eleven on or after December 1, 2009, or who was age eleven before that date and entered grade 6 in 2009 or later shall attend school from age six to eighteen. The exceptions include, but are not limited to, sending the child to a state-approved, nonpublic school, or educating the child at home in an organized educational program. Although the compulsory school attendance law does not apply to children under the age of six, a child who is at least five years of age by December 1 of the school year and is a resident of a school district which provides kindergarten work is entitled to enroll in the kindergarten [MCL 380.1147].*