

## INTENT TO WITHDRAW FORM

**BUILDING** \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GRADE \_\_\_\_\_ LOCKER \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_ WITHDRAWAL DATE: \_\_\_\_\_

Circle One:

Moving Out of District / Moving Out of State / Attending as Open Enrolled / Private School / Online School

NEW DISTRICT STUDENT WILL ATTEND \_\_\_\_\_

NEW SCHOOL NAME/ADDRESS (IF KNOWN): \_\_\_\_\_

STUDENT'S NEW CONTACT INFO: (Address, Phone, Email, and Parent Name) **PLEASE PRINT**

SIGNATURE/ NAME OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE:

Please see attached printout of all school fees owed.  
Records will be sent to new school once all fees are paid in full and device is returned.  
All questions regarding fees owed should be directed to Treasurer's Office 513-272-7515.

Device Returned		
School Fee Balance		
Lunch Balance – see attached		
Library Fees		
Outstanding Books		

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Principal Signature