

INTENT TO WITHDRAWAL 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 Print out of all school fees owed:
Records will be sent to new school once all fees are paid in full and device 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