

LOCAL SCHOOL DISTRICT

Student Withdrawal Notice Form

STUDENT:			GRADE:	
LAST DAY OF ATTENDANCE:		START DATE IN NEW DISTRICT:		
NAME OF NEW SCHO	OOL DISTRICT:			
NAME OF NEW SCHO	OOL:			
ADDRESS OF NEW S	CHOOL:			
PHONE NUMBER OF	NEW SCHOOL:			
☐ Big Walnut Elementary shall complete this form a	School General Rose	ol □ Big Walnut Middle Schoecrans Elementary □ Harrison he day of withdrawal. Each of Irned.	on Street Elementary 🗆 H	ylen Souders Elementary
COURSE	TEACHER	FEES PAID/ BOOKS RETURNED	CURRENT NINE WEEK GRADE	CUMMULATIVE GRADE TO DATE
LIBRARY BOOK(S) D	UE: FEE	ES OWED: C	CAFETERIA CHARGES	OWED:
YOUR NEW MAILING	ADDRESS:			
YOUR NEW PHONE	NUMBER:			
REASON FOR LEAVI	NG THE DISTRICT:			
PARENT SIGNATURE: DATE:				E:
For Office Use Only: □ Parent Completed Form	□ School Co	ompleted Form	□ Received Request for Re	cords

Pursuant to Senate Bill 181 if Big Walnut Local Schools has not received a records request from your new school within 5 consecutive school days your student's records will be submitted to the county attendance officer and / or the juvenile court liaison for review.