



# NOTICE OF WITHDRAWAL FROM SCHOOL



Olentangy Liberty Student Services Department  
740/657-4221 phone  
740/657-4298 fax

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Current Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address Before Moving: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

Please give name and phone number of new school or school district:

New School Name \_\_\_\_\_ Phone \_\_\_\_\_

New School Address \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Comments: \_\_\_\_\_

Please return to:  
Olentangy Liberty High School  
Student Services  
3584 Home Rd.  
Powell, Ohio