

NOTICE OF WITHDRAWAL FROM OOHS

Olentangy Orange Student Services Department

740/657-5100/5115 offices

740/657-5198 fax

Grade _____

Name of Student: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Address Before Moving: _____

New Address: _____

Date of Withdrawal: _____

Reason for Withdrawal: _____

If transferring to another school, please give name and phone number of school or school district:

Comments: _____

Please return to: Olentangy Orange HS, Student Services, 2840 E. Orange Rd., Lewis Center, OH 43035

At the time of your student's withdrawal, there may be fees associated with his/her academics and/or activities. Please note that those fees must be paid prior to your new school receiving any files that they have requested .

Signature of Parent/Guardian

Date