

NORTHEASTERN LOCAL SCHOOL DISTRICT WITHDRAWAL FORM

District IRN # 046250

Kenton Ridge HS
4444 Middle Urbana Rd.
Springfield, OH 45503
937.390.1274
Fax 937.390.0013
Building IRN: 068577

Northeastern HS
1480 Bowman Rd.
Springfield, OH 45502
937.328.6575
Fax 937.328.6581
Building IRN: 027656

Northridge MS
4445 Ridgewood Road East
Springfield, OH 45503
937.399.2852
Fax 937.342.4631
Building IRN: 000137

South Vienna MS
140 West Main Street
South Vienna, OH 45369
937.346.0880
Fax 937.568.4778
Building IRN: 000135

Northridge Elementary
4445 Ridgewood Road East
Springfield, OH 45503
937.342.4627
Fax 937.342.1359
Building IRN: 061705

Rolling Hills Elementary
2613 Moorefield Road
Springfield, OH 45502
937.399.2250
Fax 937.399.3454
Building IRN: 066407

South Vienna Elementary
140 West Main Street
South Vienna, OH 45369
937.346.0840
Fax 937.568.9147
Building IRN: 061713

Student Name: _____ Grade: _____ Date: _____

Birthdate: _____ Transferring to: School: _____
Address: _____

Reason for Withdrawal: _____

New Home Address: _____

All information is complete and correct. I am the child's custodial parent or legal guardian or I am the Student Age 18 or older. I grant permission for NELSD to release records to my child's new school.

Print Parent/Guardian Name: _____ Last day of attendance: _____

Parent/Guardian Signature: _____ Date: _____

Subject	Grade Average at time of withdrawal	Return of all books	Teacher's Signature
0. _____	_____	<input type="checkbox"/>	_____
1. _____	_____	<input type="checkbox"/>	_____
2. _____	_____	<input type="checkbox"/>	_____
3. _____	_____	<input type="checkbox"/>	_____
4. _____	_____	<input type="checkbox"/>	_____
5. _____	_____	<input type="checkbox"/>	_____
6. _____	_____	<input type="checkbox"/>	_____
7. _____	_____	<input type="checkbox"/>	_____

- Media Center: Student has returned all materials. Librarian's Signature: _____
- Locker Cleaned Out Locker Number: _____
- Computer Returned in working condition Charger Returned Case Returned
- Lunch Fees Paid Fees Owed \$ _____ Lunchroom Supervisor Signature: _____
- Main Office / School Fees Paid Secretary Signature: _____
- Student on IEP Yes No Guidance Counselor's Signature: _____
- Eligibility Equipment Turned In Athletic Director's Signature: _____
- Administrator Signature: _____