



Struthers City Schools

Student Withdrawal Form

School: _____ Building: _____

Student's Name: _____ Male Female

Date of Birth: _____ Grade: _____ Withdrawal Date: _____
Last day of attendance

Parent/Guardian Name: _____ Telephone: _____

Forwarding Address: _____

Please print clearly and include city, state and zip code.

Reason for Withdrawal:

- Transfer to Another Ohio School
- Transfer to Private School
- Transfer to Online School
- Transfer Out of State
- Transfer Out of the United States – Name of Country _____
- Home School – superintendent's approval needed
- Other _____

Please enter name and address of new school below.

Name of New School: _____

School Address (if known): _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

- This student has an active IEP, and is receiving Special Education services.
- This student has a 504 Plan.

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 hereby give permission to withdraw my child from Struthers City Schools. I understand that my child's schedule will be dropped and if a decision is made to return to Struthers City Schools, registration will be required.

Student educational records will be forwarded to the receiving school upon written request.

Parent/Guardian Signature _____ Date _____