STUDENT WITHDRAWAL FORM
Wm. Mason High School
6100 Mason-Montgomery Rd.,
Mason, OH 45040
Phone: (513) 398-7896 Fax: (513) 336-6823

Student Name: _____ ID No. _____ Grade: _____

Reason for Withdrawal: _____ Last Day in Attendance: _____

Parent/Guardian Name: _____

I hereby request Mason City Schools to release my child's records to:

New Address: _____

Remaining in the State of Ohio: _____ Moving out of Ohio: _____ Moving to the state of: _____

If remaining in Ohio, what school district will student attend? _____

Name and Address of New School: _____

I hereby give permission to withdraw my child from Wm. Mason High School. I understand that my child's schedule will be dropped and if a decision is made to return to Mason High School, registration at Mason City Schools' Central Office will be required.

_____ _____
Parent/Guardian Signature **Date**

The Mason City School District will gladly provide an official transcript once all financial obligations have been paid, and this form is signed by the parent/guardian.

School fees yes no _____ _____ _____
Fee amount Date paid School signature

Chromebook turned in yes no _____ _____
Date School signature

Chromebook charger turned in yes no _____ _____
Date School signature