



STUDENT WITHDRAWAL FORM

Sycamore Community Schools

5959 Hagewa Dr. Cincinnati, OH 45242
Phone: (513)686-1700 Fax: (513)791-4873

Student Name: _____ ID No. _____ Grade: _____

Parent/Guardian Name: _____

Reason for Withdrawal: _____ Last Day in Attendance: __/__/____

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

☐ Homeschool ☐ Other (Please specify): _____

New Address: _____

Name and Address of New School (Required): _____

Date of Enrollment in New School (Required): __/__/____

I hereby give permission to withdraw my student from Sycamore Community Schools. I understand that my student's schedule will be dropped and if a decision is made to return to Sycamore, registration at Sycamore Community Schools' District Office will be required. We also understand that the student's records will be forwarded to the new school upon request.

Parent/Guardian Signature

Date

Sycamore Community Schools will gladly provide an official transcript once all financial obligations have been paid, in accordance with state law and this form is signed by the parent/guardian.

Student: Please complete following information before turning into the Counseling Department

NOTICE TO STAFF: This student is withdrawing from school. Please complete the following:

Period	Course Title	Book returned Yes	Book returned No	Grade to Date	Teacher Signature
1					
2					
3					
4					
5					
6					
7					

School Fees	School Fees	Amount	Date Pd.	Treasurer Signature
	☐ Yes ☐ No	\$		

Chromebook Turned in	☐ Yes ☐ No	Media Center Technology Assistant Signature
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Principal Signature

Date

Please return this form to the school's administrative office. All fees and textbooks must be settled before the withdrawal is complete. **Note: Students are not officially withdrawn until Sycamore receives a records request from the new school.**