



Withdrawal Form

Stow-Munroe Falls Central Office, 4350 Allen Rd, Stow, OH 44224 Phone: 330-689-5444 Fax 330-689-5448

Please note: this form must be completed by parent/legal guardian in its entirety

Today's Date: ____/____/____ Student's Last Day in Attendance (required) : ____/____/____

Student Name: _____

Date of Birth: _____ Student ID: _____

Current home address: _____ City: _____ Zip: _____

Current building name: _____ Grade level: _____

Reason for withdrawing student:

- ☐ Moved out of District → New District: _____
- ☐ Moved out of state or country → New Location: _____
- ☐ Transfer to another public school through open enrollment → New District: _____
- ☐ Enrollment in private school → School Name: _____
- ☐ Homeschooling → *Superintendent approval is required*
- ☐ Enrollment in online/virtual school → School Name: _____
- ☐ Temporary withdrawal (e.g., medical, travel) (must specify): _____
- ☐ Other (must specify): _____

Name of new school building(if applicable): _____

Name of new school district (if applicable): _____

New school phone: _____

If you have moved to a new address, fill out section below (required):

New street address: _____ Effective Date of Move: ____/____/____

New city: _____ New state: _____ New zip: _____ New phone number: _____

I confirm and attest that I am the legal guardian of the above student. I hereby withdraw my child from the Stow Munroe Falls City Schools. I authorize the transfer of academic records, including any special education records, and any other records the new school requests. **I also affirm that District owned technology has been returned.**

Legal Guardian Name (printed): _____

Legal Guardian Signature : _____ Date: ____/____/____



STUDENT WITHDRAWAL CHECKLIST

To be filled out by the building secretary, ensure all district-issued items to the student(s) are adequately returned and undamaged. Missing items may be billed to the student account, and payment must be made before sending records.

District Issued Assets- Not all apply to every student.

- ☐ Chromebook
- ☐ Chromebook charger
- ☐ Textbooks
- ☐ Library Books
- ☐ CCP Books (HS only)
- ☐ Sports Uniforms
- ☐ Other Items _____

P1 Fees on the account if yes,

- ☐ Yes (if yes, complete part 2.1)
- ☐ No

P2 Amount of fee(s) (All Fees need to be paid before students withdraw from Stow-Munroe Falls CSD)

- ☐ School Fees in the amount of \$ _____
- ☐ School Lunch Fees in the amount of \$ _____
- ☐ Fees paid at the time of withdrawal in the amount of \$ _____

Secretary Signature: _____

I confirm and attest that I am the legal guardian of the above student. All items have been returned and fees have been paid.

Parent Name(PRINT): _____

Parent Signature: _____ Date: ____/____/____