



Student Withdrawal Form

Date: _____ Current Olentangy School: _____

Student Name: _____

Current Grade: _____ Student ID #: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

New Address: _____

City, State, Zip: _____ Withdrawal Date: _____

Withdrawal Reason: _____

Do you plan to re-enroll with Olentangy Schools in the future? ____ Yes ____ No

Please give the name and phone number of new school or school district:

New School Name: _____ Phone: _____

New School Address: _____

Acknowledgements (please initial each statement)

____ I confirm that all school property (library books, textbooks, Chromebook, etc.) has been returned.

____ I confirm that all school fees have been paid.

____ I understand that in accordance with R.C. 3313.642, failure to pay fees and fines may result in the withholding of grades and credits.

Parent/Guardian Signature: _____

