Board of Education
400 Sugar Camp Circle, Suite 200
Oakwood, OH 45409

Oakwood CITY SCHOOLS

Together we learn. | Together we achieve. | Together we prepare students for tomorrow.

STUDENT WITHDRAWAL FORM

I hereby withdraw _____
Student Name

from _____ on _____.
Building **Date**

I, _____, am legal
Parent/Guardian

custodian of this student. Our new address will be:

_____
Street Address

_____
City **State** **Zip** **Phone**

I hereby give permission to the Oakwood City Schools to send/transfer the following records of my child to the school district listed below:

- ☐ Academic Records (report cards, standardized testing results)
- ☐ School Health Records (immunizations)
- ☐ Special Education Records (current IEP, supporting evaluations)

I will enroll him/her in New School: _____
Address: _____
City, State, Zip: _____

- ☐ Computer and Cord has been returned to Administrative Assistant
- ☐ Classroom Books/Library Books/All School Owned Property
- ☐ Student Fees/Library Fees/Lunch Fees have been paid. Visit payschoolscentral.com to check balance

I assume full responsibility to re-enroll him/her in the designated school district immediately upon our arrival.

_____ _____ _____
Date **Parent/Guardian** **Relationship to Student**