



# 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: \_\_\_\_\_

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.**

*Student: Please complete following information before turning into the Guidance Department*

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

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

<b>Learning Commons</b>	Fines Owed		Amount	Date Pd.	Signature
	Yes	No	\$		

<b>School Fees</b>	School Fees		Amount	Date Pd.	Signature
	Yes	No	\$		

<b>Comet Savings &amp; Loan</b>	Bank Loan		Amount	Date Pd.	Signature
	Yes	No	\$		

<b>Meal Account Refund Request</b>	Child Nutrition Office			Signature
	Yes	No		

<b>Chromebook Turned in</b>	Yes	No	
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