



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					

Learning Commons	Fines Owed		Amount	Date Pd.	Signature
	Yes	No	\$		

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

Comet Savings & Loan	Bank Loan		Amount	Date Pd.	Signature
	Yes	No	\$		

Meal Account Refund Request	Child Nutrition Office			Signature
	Yes	No		