



# Mason City Schools

## Student Withdrawal Form

- Early Childhood Center       Western Row Elementary       Mason Middle School
- Mason Intermediate School

***Return the completed form to your child's school***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

New Address: \_\_\_\_\_  
Street
City
State
Zip

Last day of school for student: \_\_\_\_\_

- Outstanding Library Books      Title: \_\_\_\_\_
- Outstanding School Fees      Amt Due: \_\_\_\_\_
- Outstanding Lunch Fees      Amt Due: \_\_\_\_\_
- Request Refund of Meal Account Balance
- Other: \_\_\_\_\_

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? \_\_\_\_\_

I hereby request Mason City Schools to release my child's records to:

Receiving School Name: \_\_\_\_\_

Receiving School Address: \_\_\_\_\_  
\_\_\_\_\_

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.**