



STUDENT WITHDRAWAL FORM

If student is special needs, 504, or LEP student, send a copy of this form to the Office of Student Services.

Student Name/Birthdate:	School/Grade:	Student's Last Day:
Home Address:	Phone:	New Phone:
New Home Address:	New School:	New School Phone:

Reason for Withdrawal (check gray box)

<input type="checkbox"/>	Completed course requirements	<input type="checkbox"/>	Medical reasons (Dr. authorization on file)	<input type="checkbox"/>	Pursued employed/work permit/GED
<input type="checkbox"/>	Moved/transferred to other school district/private school in Ohio. List: _____	<input type="checkbox"/>	Moved/transferred to other school district/private school outside of Ohio. List: _____	<input type="checkbox"/>	Over 18 years of age
<input type="checkbox"/>	Withdrew due to truancy/non-attendance	<input type="checkbox"/>	Moved/transferred out of the U.S.	<input type="checkbox"/>	Other: _____

Parent/Legal Guardian Signature /Date:
Guidance Counselor Signature (if applicable)/Date:

For E.H. Greene Intermediate School Use:

SUBJECT	BOOKS RETURNED	GRADE TO DATE	TEACHER SIGNATURE
Language Arts	_____	_____	_____
Math	_____	_____	_____
Science	_____	_____	_____
Social Studies	_____	_____	_____
PE/Health	_____	_____	_____
Art	_____	_____	_____
Music	_____	_____	_____

For Sycamore Junior High School Use:

SUBJECT	BOOKS RETURNED	GRADE TO DATE	TEACHER SIGNATURE
Language Arts	_____	_____	_____
Math	_____	_____	_____
Science	_____	_____	_____
Social Studies	_____	_____	_____
Foreign Language	_____	_____	_____
PE/Health	_____	_____	_____
Art	_____	_____	_____
Music	_____	_____	_____
Shop	_____	_____	_____
Home Economics	_____	_____	_____
Nurse _____	Treasurer _____	Yearbook _____	Media Center _____

For Sycamore High School Use:

SUBJECT	BOOKS RETURNED	GRADE TO DATE	TEACHER SIGNATURE
Language Arts	_____	_____	_____
Math	_____	_____	_____
Science	_____	_____	_____
Social Studies	_____	_____	_____
Foreign Language	_____	_____	_____
PE/Health	_____	_____	_____
Art	_____	_____	_____
Music	_____	_____	_____
Shop	_____	_____	_____
Home Economics	_____	_____	_____
Outstanding Obligations	Nurse _____	Treasurer _____	Yearbook _____
			Media Center _____ ICP Form _____