



# STUDENT WITHDRAWAL FORM

(Please Complete One Form per Student)

School: \_\_\_\_\_

Student ID # \_\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

Effective Date: \_\_\_\_\_ (the last date the student will attend Columbus City Schools)

Please select one of the following:

\_\_\_\_\_ **Student is Pre-Kindergarten and is not of compulsory age. (Use Withdrawal Code: 36)\***

\_\_\_\_\_ **Student is moving out of the state.**

Name of school & City/State: \_\_\_\_\_

\_\_\_\_\_ **Student is moving out of the country.**

Next school (if known) & City/Country: \_\_\_\_\_

\_\_\_\_\_ **Student is 16 or 17 years of age and the Parent/Guardian has indicated the student will pursue a high school equivalency test approved by the Ohio Department of Education.**

Pursuant to ORC 3301.81, 3317.034 and Board Policy 5131.01, I, the undersigned, do hereby request the above named student to be withdrawn from Columbus City Schools for the reason specified above. (Use Withdrawal Code: 79)\*

\_\_\_\_\_ **Student has reached the age of 18 and has indicated they will not be returning to school.**

Pursuant to ORC 3317.034 and Board Policy 5131.01, I, the undersigned, do hereby request the above named student to be withdrawn from Columbus City Schools for the reason specified above.\*

### \* Proof of Date of Birth Required

Parent/Guardian or Student 18 years of age or greater Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**\*\*\*\*FOR SCHOOL USE ONLY\*\*\*\***

*To be completed by Employee receiving verbal notification:*

If any, or all, of the above withdrawal information is collected via verbally and parent/guardian or student of 18 years of age is not present to sign this form, the following **must** be documented in the space below: 1) callers name, 2) date/time of consent, 3) method used to identify caller (verify address, phone number, students date of birth, etc.), 4) synopsis of the callers wishes.

Caller Name: \_\_\_\_\_ Date and Time Call Received: \_\_\_\_\_

Method used to Verify Caller: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Synopsis of Call: \_\_\_\_\_

\_\_\_\_\_

Signature of Employee Receiving Call: \_\_\_\_\_ Title: \_\_\_\_\_

*To be completed by Employee receiving Student Withdrawal Form:*

Date Received: \_\_\_\_\_ Effective Date: \_\_\_\_\_

CCS Employee Signature: \_\_\_\_\_

CCS Employee Name(Printed): \_\_\_\_\_ Title: \_\_\_\_\_