

## STUDENT WITHDRAWAL FORM

(Please Complete One Form per Student)

School:	Student ID #
Student Name	Grade
Effective Date:(the last date the student will at	tend Columbus City Schools)
Please select one of the following:	
The above student will be attending another O	hio public or community (charter) school.
Name of school & City:	
The above student will be attending a private s	chool in Ohio.
Name of school & City:	
Our family is moving out of the state.	
Name of school & City/State:	
Our family 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 they will pursue a GED.
Pursuant to ORC 3301.81, 3317.034 and Board Policy 51 student to be withdrawn from Columbus City Schools for the student to be student to be student from Columbus City Schools for the student studen	31.01, I, the undersigned, do hereby request the above named ne reason specified above.(Use Withdrawal Code: 79)*
Student has reached the age of 18 and has indi	cated they will not be returning to school.
Pursuant to ORC 3317.034 and Board Policy 5131.01, I, t be withdrawn from Columbus City Schools for the reason s	he undersigned, do hereby request the above named student to pecified above.*
* Proof of Date of Birth Required	
Parent/Guardian or Student 18 years of age or greater Signa	ature: Date:
Printed Name:	Phone:
Parent/Guardian or Student 18 years of age or greater Email Address:	
	OL USE ONLY****
Date Rec'd:	Effective Date:
CCS Employee Signature	
CCS Employee Name & Title	