



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 will be attending another Ohio public or community (charter) school.**

Name of school & City: _____

_____ **Student will be attending a private school in Ohio.**

Name of school & City: _____

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

_____ **Student is not of compulsory age.**

Pursuant to ORC 3317.034 and Board Policy 5131.31, I, the undersigned, do hereby request the above named student to be withdrawn from Columbus City Schools for the reason specified above.

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

Printed Name: _____

Phone: _____

Parent/Guardian or Student 18
years of age or greater Email
Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Date Rec'd: _____

Effective Date: _____

CCS Employee Signature _____

CCS Employee Name & Title _____