

K-5 Withdrawal Form



The following student is withdrawing from school. Please complete this form and return to the school's front office. Student records will not be forwarded without this completed withdrawal form.

Fairview Park City Schools
21620 Mastick Rd.
Fairview Park, OH, 44126
Phone: 440.331.5500
Fax: 440.356.3545
www.fairviewparkschools.org

Date of Withdrawal:

Student's Name:

Student's Grade:

Reason for Withdrawal:

New School:

New Home Address:

Parent/Guardian Name:

Parent/Guardian Phone:

Date

Date

(Parent/Guardian Signature)

Teacher Signature)

Date

Date

(Fees Paid: Office Signature)

(Cafeteria Signature)

Date

Date

(Librarian Signature)

(Nurse Signature)

Date

(Principal Signature)

Additional Comments: