

6-12 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 Address:

Parent/Guardian Name:

Parent/Guardian Phone:

Date <input type="text"/>		Date <input type="text"/>
(Parent/Guardian Signature)		(Cafeteria Signature)
Date <input type="text"/>		Date <input type="text"/>
(Fees Paid: Office Signature)		(Nurse Signature)
Date <input type="text"/>		Date <input type="text"/>
(Librarian Signature)		(Principal Signature)

Period	Teacher/Subject	Grade(s)/Comment	Class Materials Returned (yes/no)

Additional Comments: