WITHDRAWAL FORM FOR STUDENTS

EAST KNOX LOCAL SCHOOLS 23227 COSHOCTON HOWARD, OH 43028

| Date: | | |
|-------|-----|------|
| Month | Day | Year |

| HOWARD, OH 43028 Phone: 740-599-7000 | | | | Month | Day Ye |
|--|--------------|----------------|-------------------------|----------------------|-------------------------------|
| Section I:To be filled in by the student/par | ent/guardian | : What ye | ear is/was student s | cheduled to (| graduate: |
| Student's Name | | Birthdate: | | Grade: | |
| Students Present Address | | | | | |
| Street | | | City | | Zip |
| Student's Phone Number: | | (if 18 years o | r older) | | |
| Parent/Guardian's Name | | | Phone Nu | mber | |
| Receiving School District: | | | | | |
| Receiving School District's Phone Number: _ | | | Fax Numb | oer: | |
| verify that my child is withdrawing as of the above dath | | | | be released to the r | receiving school district whe |
| Parent/Guardian Signature | | | · | | |
| Farent/Guardian Signature | | | | | |
| Section II: If a student returns a book in a less may also be noted her. If the student does noted her. Class | | | | | r Signature |
| 1st period | | | | | |
| • | | | | | |
| | | | | | |
| • | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | |
| | | | | | |
| 8th period | | | | | |
| 9th period | | | | | |
| Section III: (Fees and Equipment) | | | | | |
| School Fee(s) Amount Due: | | Signature o | of Office Secretary: | | |
| Cafe Fee(s) Amount Due: | | | of Cafeteria: | | |
| Additional (explain) Fees: | | - | of Authorized Personnel | | |
| Section IV: Lost Textbooks/Library Books Title of Book | Edition | | Condition Issued | | Fine Owed |
| | | | | | |
| | | | | | |

Withdrawal Form 3/2019

"Official" only when signed by an East Knox Administrator:______ Date: _____