Manchester Local Schools

Student Withdrawal

Student Name ________________________________________________________________

Withdrawal Date ___________________________ Grade Level _______________________

Reason for Withdraw (Please check):

_____ TRANSFERRED TO ANOTHER OHIO SCHOOL DISTRICT (INCLUDING ONLINE SCHOOLS)

_____ TRANSFERRED TO ANOTHER SCHOOL DISTRICT OUTSIDE OHIO

_____ TRANSFERRED TO A PRIVATE SCHOOL

_____ OPEN ENROLLING TO ANOTHER SCHOOL DISTRICT

NAME OF NEW SCHOOL DISTRICT ________________________________________________

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_____ TRANSFERRED TO PARENT HOME SCHOOLING APPROVED BY SUMMIT COUNTY

_____ WITHDREW FROM KINDERGARTEN

_____ OVER 18 YEARS OF AGE

Did this transfer include a change of residence? (Please circle) YES / NO

Signature _____________________________________________________________________

(Signature must be parent/guardian if student is under 18 years of age.)

Date ________________________________