

STUDENT WITHDRAW / TRANSFER FORM

**BETHEL LOCAL SCHOOL
7490 S. STATE ROUTE 201
TIPP CITY, OHIO 45371**

WITHDRAW DATE _____

The student named below is withdrawing from school for the reasons stated. Textbooks must be collected and all library fees and school fees must be paid. RECORDS WILL NOT BE RELEASED UNTIL ALL REQUIREMENTS HAVE BEEN COMPLETED PROPERLY.

STUDENT _____ DOB _____ AGE _____ GRADE _____

REASON FOR WITHDRAWAL _____

NEXT HOME ADDRESS _____
STREET/P.O. BOX CITY STATE ZIP

NEXT SCHOOL ADDRESS _____
NAME STREET STATE ZIP

_____ (school phone) _____ (school fax)

1. Report to teachers to return textbook and receive withdrawal grade. Teacher must sign form.

CLASS	TEXT RETURNED	Withdrawal Grade	TEACHER SIGNATURE	COMMENTS

2. Return all books and materials checked out. Have Librarian sign form. _____ (signature)

3. Pay all outstanding fines/chromebook returned. Have Secretary sign form. _____ (signature)

When all obligations to the school have been fulfilled student records may be released to the agency(s) specified by the parent or guardian of the above name student – or by the student who is of legal age.

Secretary or Principal

Parent/Guardian

Comments _____

