



ASHTABULA AREA CITY SCHOOLS

6610 Sanborn Road • Ashtabula, Ohio 44004 • Phone: (440) 992-1200 • Fax: (440) 992-1209

WITHDRAW NOTICE

STUDENT NAME: _____

DOB: _____ GRADE: _____

BUILDING: _____

OFFICE USE ONLY
W/D CODE: _____
W/D DATE: _____
STUDENT STATUS: _____

WITHDRAW REASON – Please Select (1) One.

MOVING

- Within the State of Ohio Another State Out of the USA

TRANSFERRING

- Non Public School Open Enrollment On-Line School Home Schooling Court Order

OTHER

- Expelled Truancy 18 Years Old GED Graduated Moved – Not Known to be Continuing

NAME AND ADDRESS OF DESTINATION:

Please list below comments related to your child(s) experience while attending Ashtabula Area City Schools:

Would you be willing to discuss your child(s) experience with an Administrator from the Ashtabula Area City Schools? Yes (check preference of contact below) No

If yes: Email Home Phone Cell Phone US Mail

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Email Address: _____ Cell: _____

This form needs to be completed by the parent/guardian or the school employee receiving the withdraw information. Please FAX to Central Registration 440-992-1209. Retain original in permanent record.

OFFICE USE ONLY

Grades Posted: _____ Attendance Posted: _____ Books Returned: _____ Fees Paid: _____ Initials: _____

District not in agreement _____

Principal Signature: _____ **Date:** _____