



BEACHWOOD CITY SCHOOL DISTRICT

STUDENT WITHDRAWAL FORM

Student Name: _____

Address: _____

Birth Date: _____

Please check one of the following:

☐ Fairmount Early Childhood Center ☐ Beachwood Middle School
Grade: _____

☐ Bryden Elementary School ☐ Beachwood High School
Grade: _____ Grade: _____

☐ Hilltop Elementary School
Grade: _____

Last Day attending Beachwood Schools: _____

School to Attend: _____

Parent's Signature: _____ Date: _____

<u>Department</u>	<u>Fees Due</u>	<u>Fees Paid</u>	<u>Initials</u>
Library	_____	_____	_____
Food Service	_____	_____	_____
Athletics	_____	_____	_____
General Fees	_____	_____	_____
Guidance/Main Office*	_____	_____	_____

*Please forward to District Registrar

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