Mason City Schools

Student Withdrawal Form

☐ **Early Childhood Center**	☐ **Mason Elementary**	☐ **Mason Middle School**
☐ **Mason Intermediate School**		

Return the completed form to your child's school

Student Name:_____ Grade:_____

Parent(s) Name:_____

New Address:_____

Street City State Zip

Last day of school for student: _____

- ❑ Outstanding Library Books Title: _____
- ❑ Outstanding School Fees Amt Due: _____
- ❑ Outstanding Lunch Fees Amt Due: _____
- ❑ Request Refund of Meal Account Balance _____
- ❑ Other: _____

Remaining in the State of Ohio: _____

Moving out of Ohio: _____ Moving to the state of: _____

If remaining in Ohio, what school district will student attend? _____

_____

I hereby request Mason City Schools to release my child's records to:

Receiving School Name: _____

Receiving School Address:_____

_____ _____

_____ _____

Parent / Guardian Signature Date

The Mason City School District will gladly provide an official transcript once all financial obligations have been paid, and this form is signed by the parent/guardian.