



Mason City Schools

Student Withdrawal Form

<input type="checkbox"/> Early Childhood Center	<input type="checkbox"/> Mason Elementary	<input type="checkbox"/> Mason Middle School
<input type="checkbox"/> 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.