



Dublin City School District

Students
5130 F1
Revised 9/28/15

Preschool / Elementary Withdrawal / Transfer Form

School: _____

Address: _____

Phone: _____ Fax: _____

- To be read and completed by the parent/guardian withdrawing or transferring an elementary school student.
- This form is to be returned to the school office.
- A copy of this form will be sent to those checked below.

To be completed by the Parent/Guardian:

Student's name: _____

Student's ID number: _____ Grade: _____

Teacher: _____

Student's last day of attendance: _____

Name and address of new school: _____

New school's phone number: _____

Student's new home address: _____

Parent/Guardian signature: _____ Date: _____

Email address: _____ Cell phone no.: _____

Office Use Only

- _____ Textbooks returned
- _____ Medications returned
- _____ Library books returned
- _____ Lunch charges paid
- _____ Grade cards, interims, conference forms to office
- _____ Records sent (Medical, Special Ed., IAT, LEAP, CUM)
- _____ Specials grade card to office
- _____ Withdrawn from computer, withdrawal book, class list

Copy to: _____ Library _____ Attendance _____ Enrichment _____ Art
 _____ Teacher _____ Clinic _____ Special Ed _____ Music
 _____ Cafeteria _____ Guidance _____ ESL _____ PE
 _____ Reading _____ PTO