



Dublin City School District

Students  
5130 F1  
Revised 9/28/15  
English

## 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- \_\_\_\_\_ Withdrawn from computer, withdrawal book, class list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