

## **Dublin City School District**

Students 5130 F2 Revised 10/2/18 English

## Middle School Withdrawal/Transfer Form

School:				
Address:				
Phone:	Phone: Fax:			
<ul> <li>This form must be pre library books, Chrome</li> <li>This form must be sign</li> </ul>	•	dent's teachers to indicularies.  nt/guardian.	g or transferring to a different school. cate that he/she has returned all textbooks,	
Student's Name:				
Withdrawal/Transfer Date	»:			
and other materials. After	er your teachers have si be completed and turned	gned it, please turn th	ed in all of your textbooks, library books, his form in to the Guidance Office. It is mulative records to be forwarded to your	
SUBJECT	MATERIALS RETURNED (Please Check)	GRADE TO DATE	TEACHER SIGNATURE	
LIBRARY ITEMS				
CHROMEBOOK with powercord				
Parent/Guardian signature:			Date:	
Email address:			Cell phone no.:	
Name/Address New School:		Student's New Home Address:		