

## Norwayne Local School District

Norwayne High School Withdrawal Form

350 South Main Street

Creston, OH 44217

Phone: 330-435-6384 Fax: 330-435-4633

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

New Address: \_\_\_\_\_

New School: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Last Day of Attendance: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| Period | Course | Current Grade | Fees Due | Classroom Issued Book Returned | Remarks | Teacher Signature |
|--------|--------|---------------|----------|--------------------------------|---------|-------------------|
| 1      |        |               |          |                                |         |                   |
| 2      |        |               |          |                                |         |                   |
| 3      |        |               |          |                                |         |                   |
| 4      |        |               |          |                                |         |                   |
| 5      |        |               |          |                                |         |                   |
| 6      |        |               |          |                                |         |                   |
| 7      |        |               |          |                                |         |                   |
| 8      |        |               |          |                                |         |                   |
| 9      |        |               |          |                                |         |                   |

Please obtain signatures from the following:

|              |                 |                     |
|--------------|-----------------|---------------------|
| School Fees: | Cafeteria Fees: | Locker Cleaned Out: |
|--------------|-----------------|---------------------|

Reason for withdrawal: \_\_\_\_\_

- 1 Moved-transferring to another school
- 2 Court referral
- 3 Work Permit
- 4 Change of parental custody
- 5 Over 18 years of age

- 6 Placed in foster home
- 7 Court removal
- 8 Change of Placement
- 9 Returned home

Other \_\_\_\_\_

Please return form to High School Office.

**Norwayne Local School District**  
 Norwayne Middle School Withdrawal Form  
 350 South Main Street  
 Creston, OH 44217  
 Phone: 330-435-1195 Fax: 330-435-4633

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

New Address: \_\_\_\_\_

New School: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Last Day of Attendance: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| Period | Course | Current Grade | Classroom Issued Book Returned |    | Remarks | Teacher Signature |
|--------|--------|---------------|--------------------------------|----|---------|-------------------|
|        |        |               | Yes                            | No |         |                   |
| 1      |        |               |                                |    |         |                   |
| 2      |        |               |                                |    |         |                   |
| 3      |        |               |                                |    |         |                   |
| 4      |        |               |                                |    |         |                   |
| 5      |        |               |                                |    |         |                   |
| 6      |        |               |                                |    |         |                   |
| 7      |        |               |                                |    |         |                   |
| 8      |        |               |                                |    |         |                   |

Please obtain signatures from the following:

|                     |                  |
|---------------------|------------------|
| Library Aide: _____ | Counselor: _____ |
|---------------------|------------------|

|                    |                       |                           |
|--------------------|-----------------------|---------------------------|
| School Fees: _____ | Cafeteria Fees: _____ | Locker Cleaned Out: _____ |
|--------------------|-----------------------|---------------------------|

Reason for Withdrawal: \_\_\_\_\_

- |                                        |                         |
|----------------------------------------|-------------------------|
| 1 Moved-transferring to another school | 5 Placed in foster home |
| 2 Court referral                       | 6 Court removal         |
| 3 Work permit                          | 7 Change of placement   |
| 4 Change of parental custody           | 8 Returned home         |

Other \_\_\_\_\_

Please return form to Middle School Office

**Norwayne Local School District**  
 Norwayne Elementary School Withdrawal Form  
 286 South Main Street  
 Creston, OH 44217  
 Phone: 330-435-6383 Fax: 330-435-4633

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

New Address: \_\_\_\_\_

New School: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Last Day of Attendance: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| Period | Course | Current Grade | Classroom Issued Book Returned |    | Remarks | Teacher Signature |
|--------|--------|---------------|--------------------------------|----|---------|-------------------|
|        |        |               | Yes                            | No |         |                   |
| 1      |        |               |                                |    |         |                   |
| 2      |        |               |                                |    |         |                   |
| 3      |        |               |                                |    |         |                   |
| 4      |        |               |                                |    |         |                   |
| 5      |        |               |                                |    |         |                   |
| 6      |        |               |                                |    |         |                   |
| 7      |        |               |                                |    |         |                   |
| 8      |        |               |                                |    |         |                   |
| 9      |        |               |                                |    |         |                   |

Please obtain signatures from the following:

|                     |                  |
|---------------------|------------------|
| Library Aide: _____ | Counselor: _____ |
|---------------------|------------------|

|                    |                       |                           |
|--------------------|-----------------------|---------------------------|
| School Fees: _____ | Cafeteria Fees: _____ | Locker Cleaned Out: _____ |
|--------------------|-----------------------|---------------------------|

Reason for Withdrawal: \_\_\_\_\_

- |                                    |                         |
|------------------------------------|-------------------------|
| 1 Moved-transfer to another school | 5 Placed in foster home |
| 2 Court referral                   | 6 Court removal         |
| 3 Work permit                      | 7 Change of placement   |
| 4 Change of parental custody       | 8 Returned home         |

Other \_\_\_\_\_

Please return form to Elementary School Office.