

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: _____
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School Fees: _____	Cafeteria Fees: _____	Locker Cleaned Out: _____
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Reason for Withdrawal: _____

- 1 Moved-transfer to another school
- 2 Court referral
- 3 Work permit
- 4 Change of parental custody

- 5 Placed in foster home
- 6 Court removal
- 7 Change of placement
- 8 Returned home

Other _____

Please return form to Elementary School Office.

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