

CONNEAUT AREA CITY SCHOOLS

STUDENT WITHDRAW FORM

Conneaut High School <input type="checkbox"/>	Conneaut Middle School <input type="checkbox"/>	Gateway Elem School <input type="checkbox"/>	Lakeshore Primary School <input type="checkbox"/>
381 Mill Street	230 Gateway Avenue	229 Gateway Avenue	755 Chestnut Street
Conneaut OH 44030	Conneaut OH 44030	Conneaut OH 44030	Conneaut OH 44030
Phone 440-593-2710	Phone 440-593-7240	Phone 440-593-7280	Phone 440-593-7250
FAX 440-593-6899	FAX 440-440-593-6289	FAX 440-599-2703	FAX 440-599-7149

STUDENT NAME: _____ DOB: _____ GR: _____

DATE OF WITHDRAW: _____ NEW SCHOOL START DATE: _____

WITHDRAW REASON: _____

Name of New School, include city, state, phone and fax number.

Fees Owed: No Yes

Books Returned: No Yes

PARENT/GUARDIAN NAME: _____ PHONE: _____

NEW ADDRESS: _____

Parent/Guardian Signature

Date

Office Use Only

Principal Signature and Date	Superintendent Signature and Date

Principal and/or Superintendent approval required if applicable.

_____ Returned District Computer Device(s), _____ Type

When staff or students are leaving the district all technology related devices must be returned at that time. Please be sure to mark the **R on Flag 5** in the Additional Tab in SIS, and complete the form that can be found on our website.