



STOW-MUNROE FALLS CITY SCHOOLS

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www.smfschools.org

Student Withdrawal/Transfer Form

For the purpose of withdrawing/transferring from Stow-Munroe Falls City Schools. (To be completed by parent/legal custodian/legal guardian/grandparent.)

Today's Date: ____/____/____ Student ID#: _____

Name of Student: _____

Current School/Grade: _____/_____

Date of Birth: ____/____/____

Last Day of Attendance: ____/____/____

Name of New School: _____

School Address: _____

School Phone/Fax#: _____/_____

Please Circle One:

Public School

Private School

Community School

Home School

Other: _____

Reason for withdrawal: _____

Address of New Residence: _____

New/Current Cell #: _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Initials: _____ DASL _____

Email Sent: _____

New District IRN#: _____

Enter into Spreadsheet: _____