



Stow-Munroe Falls City School District

4350 Allen Road
Stow OH 44224
330-689-5445
Fax: 330-688-1629

STUDENT WITHDRAWAL FORM

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

Today's Date: _____ / _____ / _____

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:

Student SSID #: _____

Date Confirmed with New District: _____ / _____ / _____ Initials: _____ DASL _____

New District IRN#: _____