

**MATHEWS LOCAL SCHOOLS  
4434-B WARREN-SHARON RD.  
VIENNA, OH 44473  
(330) 394-2000**

**STUDENT TRANSFER/WITHDRAWAL FORM**

Student \_\_\_\_\_ (Sex) M \_\_\_\_\_ F \_\_\_\_\_  
 (Last Name) (First) (Middle)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Direct Correspondence to (School Name) \_\_\_\_\_ Address \_\_\_\_\_

Date of Last Attendance \_\_\_\_\_ Days Absent \_\_\_\_\_

Transcript withheld because \_\_\_\_\_ Fees Owed \_\_\_\_\_

Reason \_\_\_\_\_

Withdrawing to Pursue GED \_\_\_\_\_ (Yes or No) **(High School Only)**

STUDENTS: Show this form to all teachers you have for a class.

TEACHERS: Have students check in books, check fees paid, indicate grade to time of withdrawal in the current grading period.

	Course	Current Grade	Books Returned	Fees Paid	Teachers Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					

STUDENTS SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PARENTS SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_