## Wellington Exempted Village Schools Student Withdrawal Form



Today's Date:				
Student Name:			SSID#	
Birthdate:		Grade (at time of wd)	Last Day of Attendance	
Parent/Guard	lian Name			
Parent Phone Number:		Emai	1:	
School leaving:			New School: (if applicable)	
Wellington High School				
McCorm	ick Middle Schoo	1		
Westwood Elementary				
Old Home Ad	dress:		New Home Address:	
Reason for W		and all district	Dissoving home advection w/Count approval	
Transfer to another Ohio school district			Pursuing home education w/Supt. approval Pursuing GED w/Supt. approval	
Transfer to a school district outside of OhioTransfer to a private/non public school			Transfer to virtual or electronic school	
Other			(ex. OHDELA, Ohio Virtual, etc.)	
		ure		
		DES AND TRANSCRIPTS FEES AND OBLIGATIO	WILL BE ON HOLD UNTIL NS HAVE BEEN MET	
Fees/Fines:	Office _\$	Cafeteria _\$	Media/Library_\$	
	Chromebook &	Accessories Returned_\$		
PRINCIPAL	SIGNATURE			
COUNSELO	R SIGNATURE_			
PARENT/GU	JARDIAN SIGNA	TURE		