



**STOW-MUNROE FALLS CITY SCHOOLS**

4350 Allen Road • Stow OH 44224  
330.689.5445  
330.688.1629 fax  
[www.smfschools.org](http://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: \_\_\_\_\_

<b><u>For Office Use Only:</u></b>	
Initials: _____ DASL _____	Email Sent: _____
New District IRN#: _____	Enter into Spreadsheet: _____

## STOWMUNROE FALLS CITY SCHOOLS Student Withdrawal/Transfer Form

4350 Ailen Road . Stow OH 44224 For the purpose of withdrawing/transferring from Stow-Munroe 3306395445 Falls City Schools. (To be completed by parent/legal

330 688 1629 fax custodian/legal guardian/grandparent. wwwsmfschools.org

**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 Call #:**

**Parent/Guardian Signature: Date:**

**For Office Use Only:**

**Initials: DASL Email Sent:**

**New District IRN#: Enter into Spreadsheet:**