



STOW-MUNROE FALLS CITY SCHOOLS

Student Withdrawal/Transfer Form

4350 Allen Road
Stow, OH 44224
330.689.5445 phone
330-689-5448 fax
www.smfschools.org

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

Reason for Withdrawal: _____

Address of New Residence: _____

Current Cell #: _____

Parent/Guardian Signature: _____

<i>Central Office Use Only:</i>	
Initials: _____	DASL: _____
New District IRN# _____	Email Sent: _____
	Enter into Spreadsheet: _____