



Rocky River City School District
NOTICE OF WITHDRAWAL CHECKLIST

Student Name: _____ **Grade:** _____

Male/Female: _____ **Homeroom:** _____

Birthdate: _____

- Beach
 Goldwood Kensington
 RRMS RRHS

Ethnic Origin:

Is student of Hispanic/Latino heritage? Yes No

(Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture regardless of race.)

Is student from **one or more** of the following five racial groups?

(Considered multiracial if more than one is checked)

- White
 Black or African American
 Asian
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander

Note to Parent/Guardian: If race/ethnicity questions are not completed, enrolling personnel will designate race/ethnicity of student.

Present Address:

New Address:

Name and Address of New School:

Reason for Withdrawal:

- Entire family moving
 Student to live and attend school with other parent/guardian
 Student to attend private school
 Student is 18 and electing to work
 Other (please explain) _____

Last Day of Attendance in Rocky River Schools:

Parent Signature: _____

Date: _____

Student: Please take this form to all teachers, coaches and advisors.

Requests for records will not be honored unless this form has been properly completed.

_____ is withdrawing as of _____
 (Name of Student) (Last Day in RR Schools)

Classroom teachers are responsible for collecting textbooks. Teacher's/Advisor's signature indicates the above named student has fulfilled all responsibilities associated with each class, team or activity.

<u>Period</u>	<u>Teacher</u>	<u>Course</u>	<u>Book Returned</u>	<u>Fees Paid</u>	<u>Quarter Grade Upon Withdrawal</u>	<u>Teacher Signature</u>

<u>Activities</u>	<u>Advisor</u>	<u>Comments</u>	<u>Advisor's Signature</u>

Attendance: _____

Main Office Clearance Signatures:

Student Fee(s)/Fine(s) Due: Yes No _____

Locker Cleaned Out: Yes No _____

Lunch Account Balance: Yes No Amount Owed to School \$ _____

Amount Due for Refund \$ _____ * complete attached

Library Clearance Signatures:

Fine Due: Yes No _____

Books Due: Yes No _____

Titles Due (if applicable): _____

Counselor Signature:

Denotes Completion of Above

Signature _____

Date _____



Rocky River Student Lunch Account Balance

Student Name: _____ Grade: _____ Withdraw Date: _____

Lunch Account Balance: \$ _____

Parent/Guardian Name: _____

How you would like this refund allocated?

- Transfer funds to another student account
 - Student Name _____
 - Student Grade _____

- Refund Requested
 - Send to Address: _____

- Donate refund to students in need

Send this form to Tina Wasserbauer, Director of Nutrition Services

For Nutrition Office use only:

TX _____
Refund _____
Donation _____
BOE Email _____