



Vandalia Butler City Schools Enrollment/Records  
 500 South Dixie Drive  
 Vandalia, Ohio 45377  
 Phone (937) 415-6410  
 Fax (937) 415-6429  
 District IRN #044958

**WITHDRAWAL FORM**

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_

SCHOOL TRANSFERING TO: \_\_\_\_\_

PARENT/GUARDIAN FORWARDING ADDRESS OR CONTACT INFORMATION: \_\_\_\_\_

\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

*\*Only the Custodial Parent has the legal authority to withdraw his/her son/daughter from school.*

**MEDIA CENTER**

**SCHOOL OFFICE**

Student ( ) has ( ) has not returned all library books

Student ( ) has ( ) has not met all obligations

Media Obligation \$ \_\_\_\_\_

Fee Obligation \$ \_\_\_\_\_

MEDIA CENTER SPECIALIST: \_\_\_\_\_

OFFICE PERSONNEL: \_\_\_\_\_

**HIGH SCHOOL & MIDDLE SCHOOL ONLY**

LOCKER # \_\_\_\_\_ HOMEROOM # \_\_\_\_\_ HOMEROOM TEACHER'S SIGNATURE: \_\_\_\_\_

Name of Course	Grade at time of Withdrawal	Has Returned Textbooks (yes/no)	Obligations Cleared (yes/no)	Teacher	Teacher's Signature

**RECORDS WILL BE SENT UPON REQUEST**

Fax records request to 937-415-6429/ Email request to [jennifer.dennis@vbcasd.com](mailto:jennifer.dennis@vbcasd.com)

**ENROLLMENT OFFICE USE ONLY**

Official Withdrawal Date \_\_\_\_\_

School Official Completing Withdrawal \_\_\_\_\_