



Cuyahoga Falls City Schools

Office of Pupil Services

431 Stow Avenue

Cuyahoga Falls, Ohio 44221

330 926-3800 ext. 502040

Fax 330 916-6028

Student Withdraw Form

Student's Name

Grade

Student's last day

Current School

New School

Address of new school

City

State

Zip

Phone #

Fax#

New Home Address

City

State

Zip

Records Release Authorization

I confirm and attest that I am the legal guardian of the above student. I hereby withdraw my child from the Cuyahoga Falls City Schools. I authorize the transfer of academic records, including any special education records, and any other records the new school requests.

Parent/Guardian's Signature

Date

Office Use Only

Records sent to the new school

_____ Date

Withdraw entered in database

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Student number

Room #

Date of Withdraw