

**NORDONIA HILLS CITY SCHOOL DISTRICT  
WITHDRAWAL INFORMATION**

Nordonia High School  
8006 S. Bedford Road  
Macedonia OH 44056

Guidance Department  
Phone: (330) 468-4603  
Fax: (330) 468-1359

Section I - TO BE COMPLETED BY PARENT

**Pupil's**

**Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Grade** \_\_\_\_\_

**New Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_

**New School** \_\_\_\_\_

**Street** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

Reason for Transfer:

\_\_\_\_\_ Family Relocation

\_\_\_\_\_ Change of Custody

\_\_\_\_\_ Maintain residence in Nordonia  
but transfer to private school

\_\_\_\_\_ Maintain residence in Nordonia but  
transfer to another public school for:

\_\_\_\_\_ Special Educ. Placement

\_\_\_\_\_ Regular Education Placement

\_\_\_\_\_ To work full/part time

\_\_\_\_\_ Marriage

\_\_\_\_\_ To seek Employment (18 yrs old)

\_\_\_\_\_ Other - give reason  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARENT**

\_\_\_\_\_  
**DATE**

Section II - TO BE COMPLETED BY TEACHERS

Teachers: Please indicate the grade this student has attained **during this grading period**.

Indicate if all books have been returned or amount due for unreturned books, fees, supplies.

Subject	Teacher's Name	Grade to Date of WD	Book Returned?	Amount due for books, fees, etc.	Book Number	Teacher's Initial
1				\$	#	
2				\$	#	
3				\$	#	
4				\$	#	
5				\$	#	
6				\$	#	
7				\$	#	

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SECTION III - TO BE COMPLETED BY SECRETARY

Fees owed to Bookkeeper \_\_\_\_\_ IMC \_\_\_\_\_ FOR: \_\_\_\_\_