

NORDONIA HILLS CITY SCHOOLS

Nordonia Middle School	73 Leonard Ave.		Northfield, OH 44067	
TRANSFER INFORMATION:				
	-			
Student's Name:	Age:	Birthdate:	Grade:	
New Address:	New School:			
	School Addres	SS		
New Phone #				
	School FAX	〔#		
Reason for Transfer: Pare	ent Name Please PRINT	<u>.</u>		
Family Relocation	Parent Signature:			
Change of Custody: Student Re	locating	(Parent/Guardian Signature gives Nordonia		
Maintain residence within Norde	Permission to send your student's School Records & Transcripts to the new school)			
Transfer to private school				
Maintain residence within Nordo	onia & transfer to anoth	er public school fo	or purpose of:	
Special Education Placer	nent			
Regular Education Place	ment			
SECTION TO BE COMPLETED BY SE	CRETARY: Fees Owe	d		
Library Cafeteria	Athletics	Chro	mebook Returned & Charg	

SECTION TO BE COMPLETED BY TEACHERS:

Teachers: Please indicate below the grade this student has attained during this grading period. Indicate if all books have been returned and the amount due for unreturned books, materials, fees or supplies.

Subject	Teacher	Grade to date of W/D	Books Returned	Amount Due	Teacher's Initials

This form should be returned to the office before the withdrawing student leaves.