

NOTICE OF WITHDRAW/CHECKOUT PROCEDURE

Date Leaving _____

Student's Name _____

Address _____

Homeroom Teacher _____

Team Assignment (if applicable) _____

The above named student is withdrawing from Perrysburg Schools and transferring to:

School _____

City _____

State _____

Each teacher is to sign below after having checked the student out of his/her class. Please give a grade for work done this marking period where applicable.

Subject	Grade To Date	Date	Money Owed	Teacher	Textbook Returned
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Laptop					<input type="checkbox"/> Yes <input type="checkbox"/> No
Library					
Athletics					
(Jr. High and High School only)					
Total Fees/Obligations					

Counselor's Signature _____

Principal's Signature _____

Teacher Comments: _____

No transcripts will be forwarded until all obligations are paid or returned (fines, lost books, athletic uniforms or equipment).

After completion of this form, please return to the guidance office/main office.

9/19/16