



Milford Exempted Village School District
Administrative Offices
1099 State Route 131
Milford, Ohio 45150

STUDENT WITHDRAWAL FORM

DATE OF WITHDRAWAL \_\_\_\_\_

STUDENT INFORMATION

Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_
Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_
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Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_
Student Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

REASON FOR WITHDRAWAL

- Moving to Another Ohio Public School District
Moving to a School District Outside of Ohio
Transferring to a Private School
Transferring to an Online Program
Transferring to Home Education
Other (Please Specify):

AUTHORIZATION TO RELEASE STUDENT RECORDS

I have withdrawn the above child(ren) from Milford Exempted Village School District and authorize the release of academic and health records to the school district listed above.

Name of Parent / Guardian
Street Address
Email Address

Date
City, State, Zip
Phone Number

For office use only:
Date Form Received: \_\_\_\_\_ Received By: \_\_\_\_\_