



NEW ALBANY-PLAIN LOCAL SCHOOL DISTRICT

**STUDENT WITHDRAWAL NOTICE FORM**

STUDENT: \_\_\_\_\_ GRADE/TEACHER: \_\_\_\_\_

LAST DAY OF ATTENDANCE: \_\_\_\_\_ START DATE IN NEW DISTRICT: \_\_\_\_\_

NAME OF NEW SCHOOL DISTRICT: \_\_\_\_\_

NAME OF NEW SCHOOL: \_\_\_\_\_

ADDRESS OF NEW SCHOOL: \_\_\_\_\_

PHONE NUMBER OF NEW SCHOOL: \_\_\_\_\_

LIBRARY BOOK(S) DUE: \_\_\_\_\_ FEES OWED: \_\_\_\_\_ CAFETERIA BALANCE: \_\_\_\_\_

YOUR NEW MAILING ADDRESS: \_\_\_\_\_

YOUR NEW PHONE NUMBER: \_\_\_\_\_

REASON FOR LEAVING THE DISTRICT: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Student withdrawing from:**

- New Albany High School    New Albany Middle School    New Albany Intermediate School    New Albany Primary School  
 New Albany Early Learning Center

Please complete this form and return to Karen Brosnan, K-12 Registrar at the Welcome Center on the day of withdrawal. Please send request for records to: Karen Brosnan, K-12 Registrar at [wc@napls.us](mailto:wc@napls.us) or fax 614.413.7136.

COURSE	TEACHER	FEES PAID/ BOOKS RETURNED	CURRENT NINE WEEK GRADE	FINAL GRADE TO DATE

For Office Use Only:

- Parent Completed Form       School Completed Form       Received Request for Records