



**Columbus City Schools
Transportation Services Department**

2016-2017 SCHOOL YEAR
COMMUNITY SCHOOL / NONPUBLIC SCHOOL
STUDENT WITHDRAWAL FORM

School Name: _____

Student Name: _____

Student Address: _____

Date Of Withdrawal: _____

School Student Is
Transferring To (if known): _____

Administrator's Signature: _____

This form should be completed for every student who resides in Columbus City School District and withdraws from your school.

Please mail or fax completed form within 5 business days of withdrawal date to:

Columbus City Schools
Transportation Services Dept.
Attn: Kathleen M. Gard
1560 Moler Road
Columbus, OH 43207
Phone: 614-365-5074
Fax: 614-365-5815