



# Campbell City Schools



## Intent to Withdraw Form

Campbell City Schools IRN # 043703

[www.campbell.k12.oh.us](http://www.campbell.k12.oh.us)

Give this form to the school you will be enrolling your child into.

Please send records release to :

Current School Attending: \_\_\_\_\_ Campbell Memorial High School

280 Sixth Street Campbell Ohio 44405

Ph. 330-799-1515 Fax: 799-6390

\_\_\_\_\_ Campbell Elementary and Middle School

2002 Community Circle Campbell , OH 44405

Ph. 330- 799-0054 Fax: 330-799-8259

This form is not confirmation of an official withdraw from our district.

Your child will **NOT** be withdrawn from Campbell City Schools until we receive a release of records confirming enrollment in their new school. They will remain on our attendance rosters until confirmation received .

Last Name	First Name	Date of Birth	Grade	Last Day of Attendance	Campbell Address
New School		New Address			Phone Number

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

**X**  
\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Relationship**

\_\_\_\_\_  
**Date**