

OREGON CITY SCHOOLS
CLAY HIGH SCHOOL
5665 SEAMAN RD.
OREGON, OH 43616

Phone # (419) 693-0665

Counselor's (419) 697-3434

Fax # (419) 698-6047

STUDENT

SCHOOL ID # _____ SSID # _____ WITHDRAW DATE _____

NAME _____ GRADE _____ DATE OF BIRTH _____

IEP OR 504 _____ TRANSFER TO _____
Yes or No

PARENT'S NAME _____ PHONE # _____

PRESENT ADDRESS _____

NEW ADDRESS _____ PHONE # _____

The grade below is the teacher's estimate of the student's work for the semester up to the time of withdraw

SUBJECT	GRADE	BOOK RETURNED Yes, No or Not Applicable (N/A) If No, give Title & Book #	TEACHER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

PARENT RELEASE _____

ATTENDANCE RECORD: DAYS PRESENT _____ DAYS ABSENT _____ DAYS TARDY _____

*** GRADES WILL NOT BE RELEASED UNLESS ALL BOOKS ARE RETURNED OR PAID FOR AND ALL FINES ARE PAID.**

PRINCIPAL'S SIGNATURE _____

FINES/FEES _____ LIBRARY FINES _____

COMMENTS: