OFFICIAL NOTICE OF WITHDRAWAL FORM

EDGEWOOD ELEMENTARY SCHOOL

901 College Avenue Homewood, AL 35209 Phone: (205) 423-2400 Fax: (205) 423-2406 (Attn: Terri Nowak)

Email: tnowak@homewood.k12.al.us

Student's Last Name:	First Name:	MI						
Forwarding Mailing Address:								
City	State							
Date of Birth:/	Gender: Male Female							
Race: Black White Asian	Black White Asian American Indian/Alaskan Native Native Hawai							
Transfer School Type: Public	Private Church/Homeschool							
Name of Transfer School District:								
Name of Transfer School:								
Transfer School Address:								
City	StateZIP	Country						
Withdrawal Date://								
PARENT/CUSTODIAN AUTHORIZATION This is to authorize and request that the ato the receiving school. *A parent/custod		rom this school and records be forwarde						
*Parent/Custodian Signature:		Date:/						
PRINT: Parent/Custodian Legal Nam	ne:							
Registrar:	Date:							
Principal (Ontional):	Date:	/ /						



OFFICIAL WITHDRAWAL CLEARANCE FORM

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Email: tnowak@homewood.k12.al.us

Student's Last Name: _____ First Name: _____ MI____

Check if applicable: _____IEP _____ Gifted _____ EL _____ 504 ____HSSP

ATTENDAN	ICE						
Days Enrol	led	Days Present		Days Absen	t	Da	ays Tardy
COVID 1	19 Learning Platform	Tradi	Traditional				
STUDENT (CLEARANCE						
			Device(s) Return			Library	
			Lunchroom			Nurse	
		Parking Pass Turned In			Textbooks		
Items prov	vided to Parent/Gua	rdian at Withdrawa	al or Sent to	the Transfer Sc	hool	_	
Atte	endance Records	Most Recent	Report Card	Immuniz	ation Card	Stu	udent Profile(from SIS)
Curr	Current GradesU		ranscriptBirth Ce		tificate	Other	
Curr	ent Class Schedule	Discipline Red	cords	Social Se	curity Card		
	T						
Period	Course		Teacher		Initials	Clear	Withdraw Grade
0/ HR							
1							
2							
3							
4							
5							
6							
7							
8							