



**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 \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female Grade Level: \_\_\_\_\_

Race: \_\_\_ Black \_\_\_ White \_\_\_ Asian \_\_\_ American Indian/Alaskan Native \_\_\_ Native Hawaiian /Pacific Islander

Transfer School Type: \_\_\_ Public \_\_\_ Private \_\_\_ Church/Homeschool

Name of Transfer School District: \_\_\_\_\_

Name of Transfer School: \_\_\_\_\_

Transfer School Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Withdrawal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT/CUSTODIAN AUTHORIZATION**

This is to authorize and request that the above named student be withdrawn from this school and records be forwarded to the receiving school. \*A parent/custodian signature is required.

\*Parent/Custodian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRINT: Parent/Custodian Legal Name: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Principal (Optional): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

***This form must be submitted to school officials and filed at the child's school to be valid.***

