



OFFICIAL NOTICE OF WITHDRAWAL FORM

HALL-KENT ELEMENTARY SCHOOL
213 Hall Avenue Homewood, AL 35209
Phone: (205) 423-2430 Fax: (205) 423-2432 (Attn: Holly Foster)
Email: hfooster@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This is to authorize and request that the above named student be withdrawn from this school and records be forwarded to the receiving school.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.



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

Check if applicable: _____ IEP _____ Gifted _____ EL _____ 504 _____ HSSP

ATTENDANCE

Days Enrolled _____ Days Present _____ Days Absent _____ Days Tardy _____

COVID 19 Learning Platform: Virtual _____ Traditional _____

STUDENT CLEARANCE

_____ After the Bell/EDP _____ Device(s) Return _____ Library
 _____ Locker _____ Lunchroom _____ Nurse
 _____ Office/Bookkeeper _____ Parking Pass Turned In _____ Textbooks

Items provided to Parent/Guardian at Withdrawal or Sent to the Transfer School

_____ Attendance Records	_____ Most Recent Report Card	_____ Immunization Card	_____ Student Profile(from SIS)
_____ Current Grades	_____ Unofficial Transcript	_____ Birth Certificate	_____ Other
_____ Current Class Schedule	_____ Discipline Records	_____ Social Security Card	

Period	Course	Teacher	Initials	Clear	Withdraw Grade
0/ HR					
1					
2					
3					
4					
5					
6					
7					
8					

This form to be completed by school officials to be valid.