



**OFFICIAL NOTICE OF WITHDRAWAL FORM**

HOMEWOOD MIDDLE SCHOOL  
395 Mecca Avenue Homewood, AL 35209  
Phone: (205) 870-0878  
Kristi Dennis, Registrar Email: kdennis@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This is to authorize and request that the above named student be withdrawn from this school and records be forwarded to the receiving school.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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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.*