



OFFICIAL NOTICE OF WITHDRAWAL FORM

SHADES CAHABA ELEMENTARY SCHOOL
3001 Independence Drive Homewood, AL 35209
Phone: (205) 871-1113
Hollie Pritchett, Registrar Email: hpritchett@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This is to authorize and request that the above named student be withdrawn from this school and records be forwarded to the receiving school.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.



OFFICIAL WITHDRAWAL CLEARANCE FORM

SHADES CAHABA ELEMENTARY SCHOOL
 3001 Independence Drive Homewood, AL 35209
 Phone: (205) 871-1113
 Karen Baggett, Registrar Email: kbaggett@homewood.k12.al.us

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.