OFFICIAL NOTICE OF WITHDRAWAL FORM

HOMEWOOD HIGH SCHOOL
1901 South Lakeshore Drive   Homewood, AL 35209
Phone: (205) 871-9663   Fax: (205) 423-2493 (Attn: Carla Hardy)
Email: chardy@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's Email:** _____

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This is to authorize and request that the above named student be withdrawn from this school and records be forwarded to the receiving school.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

HOMEWOOD HIGH SCHOOL	

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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.