

# Central Middle School

97 Coosa County Road 75  
Rockford, AL 35136  
(256) 377-1490  
Fax: (256)377-1493

**\*\*Official grades, attendance, discipline will be sent upon receipt of official records request.**

## Withdrawal Form

Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last day of attendance: \_\_\_\_\_

Days Present: \_\_\_\_\_ Unexcused Absences: \_\_\_\_\_ Excused Absences: \_\_\_\_\_

Excused Tardies: \_\_\_\_\_ Unexcused Tardies: \_\_\_\_\_

Fees Paid (Y or N): \_\_\_\_\_ Textbooks/Library Books Returned (Y or N): \_\_\_\_\_

Active IEP(Y or N): \_\_\_\_\_ Active 504 (Y or N): \_\_\_\_\_

Discipline Notes: \_\_\_\_\_

Current Grades:

English: \_\_\_\_\_ History: \_\_\_\_\_ Science: \_\_\_\_\_

Math: \_\_\_\_\_ Physical Education: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

