

Kimberly N. White, Ed.D.
Principal
Michelle Brakefield
Assistant Principal

WITHDRAWAL FORM

FULL NAME: _____ GRADE: _____

DATE OF WITHDRAWAL: _____ TEACHER: _____

ENROLLED FROM/TO: _____ (To be completed by Gwin Elementary)

NAME & CITY/STATE OF NEW SCHOOL: _____

- TEACHER: All classroom books and materials have been returned.

Teacher: _____

- LIBRARY: All books and materials checked out by this student have been returned.

Librarian: _____

- LUNCHROOM MANAGER: All lunch charges/refunds have been paid.

Lunchroom Manager: _____

- BOOKKEEPER: All fees have been paid.

Bookkeeper: _____

- ASSISTANT PRINCIPAL:

All PST documentation has been collected to send: Applicable Not Applicable

After School Program: Applicable Not Applicable

Chromebook: _____

Assistant Principal: _____

In compliance with Alabama Administrative Code 290-8-9-8(2)(e)2, special education and/or related services will be sent to the requesting school to which your child is transferring. Instructional Support files will also be sent.

Gwin Elementary has my permission to forward all of my child's records to the new school my child will be attending (including instructional support, PST plan, 504 plan, all testing, etc.).

Parent Signature: _____ Date: _____

*HOOVER
CITY SCHOOLS
HARRIETTE W. GWIN ELEMENTARY SCHOOL
1580 Patton Chapel Road o Hoover, Alabama 35226
205/439-2600
Fax 205/439-2601
Learning for Life*