

Dothan High School
3209 Reeves Street
Dothan, Al 36303

Phone: 334+794-1410

Fax: 334-712-9025

Dr. Keith Bland

Assistant Principals

Mrs. Virginia Brookins

Mr. Steve Lewis

Mrs. Kristy Johnson

Withdrawal Form

Student Name: _____ Grade: _____ Date of Birth: _____

Parent Guardian: _____ Date of Withdrawal: _____

Special Education? Yes _____ No _____

Do you have a school issued device? Yes _____ No _____

Do you have an ROTC uniform? Yes _____ No _____

Special Education Records can be obtained by contacting

Dothan City Schools

1665 Honeysuckle Rd.

Dothan, Al 36305

334-793-1397

Dothan High School
 3209 Reeves Street, Dothan, AL 36303
 Phone: (334) 794-1410 Fax: (334) 712-9025
 Withdrawal Form

Student Name: _____ Grade: _____ Date of Birth: _____
 Address: _____ Zip Code: _____
 Phone: _____ Gender: _____

Ethnicity (please circle): White Black Hispanic Asian/Pacific Islander American Indian/Alaskan

Student Lives With: _____ Parent (Guardian) Signature: _____

Reason for withdrawal: Transferring to another school in Dothan: _____ Moving _____
 Out of Dothan: _____ Next School: _____

Withdrawal Form Details

Period	Subject	Teacher	Grades for 1st Weeks	Grades for 2nd Nine Weeks	Grades for 3rd Weeks	Average at Withdrawal	Teacher Signature
1st							
2nd							
3rd							
4th							
5th							
6th							
7th							

Lunchroom Clearance: _____ Media Center Clearance: Do you have a school issued device? Y__N__
 Fees Cleared: Yes, No