

Withdrawal Form
Jefferson County Middle School

3232 Hwy 296, Stapleton GA 30823

Student Name _____

Grade _____ School Year _____ Birthdate _____

Old Address _____

New Address _____

New School Student Will Attend _____

Address _____

Reason for Withdrawal

- _____ Transfer to Another School
- _____ No Show, Opening of School
- _____ Home School

- _____ Medical
- _____ Court Removal
- _____ Other

Library Books Returned (Y/N) _____

Title of Book _____ Cost \$ _____

School Fees Paid (Y/N) ___ Amount Owed \$ _____

Total Amount Owed \$ _____

I hereby authorize the withdrawal of my child(ren) from this school, and if transferring, request transfer of all academic and health records to the school listed above.

Parent/Guardian Signature Date