



**BALDWIN COUNTY BOARD OF EDUCATION
HIGH SCHOOL WITHDRAWAL FORM**

Last Name _____ First _____ Middle _____ Date of Birth _____
 Sex: Male _____ Female _____ Race: B _____ W _____ H _____
 Grade _____ Day on Roll _____ Days Absent _____
 Dropout _____ Transfer _____ Transfer to _____
 Withdrawal Date _____

Grades at Time of Withdrawal

Subject	Teacher	1 st	2 nd	Semester	3 rd	4 th	Semester	Books Returned
1								
2								
3								
4								
Library-Clear								

Resource Classes: Speech _____ EMR _____ EC _____ LD _____ Other _____
 Immunization Certificates: Yes _____ No _____

PLEASE NOTE: *Withdrawing/transferring* students and parents are advised that the accreditation status of the school to which they plan to transfer will be considered a factor in the determination of student placement of credits accepted as meeting Alabama and Baldwin County graduation requirements, if re-entering Baldwin County Public Schools.

My signature constitutes consent for the Baldwin County Board of Education ("Board") to disclose all records maintained by the Board which relate to the student identified herein to any school selected or which may be selected in the future.

Parent Signature

School Official/Registrar Signature