

Pike Road Schools
696 Georgia Washington Road
Pike Road AL 36064
Phone: 334-420-5301
tiffany.walters@pikeroadschools.org
Withdrawal Form



Homeroom Teacher: _____ Grade: _____ DOB: _____

Student's Name: _____ Sex: M ___ F ___
Last First Middle

Custodial Parent/Guardian Name: _____

Forwarding Address: _____
Street City State Zip

Withdrawal Date: _____ School Withdrawing from: _____

School Transferring to: _____

Educational Status: Regular Education _____ Special Education/IEP _____ 504 _____

Did the student return all Library books? Yes or No

Does the student owe lunch money? Yes or No If yes, please take care of debt before leaving.

Parent/Guardian Signature

Date

Office Use Only

Received By/Date

IT Department Signature/Date

Registrar

CNP Balance _____

Library Balance _____