

DATE: _____

Fairview Elementary School

8702 Baker Hwy Huntsville TN 37756 Telephone 423-663-3700 Fax 423-663-4447



WITHDRAWAL FORM

	STUDENT NAME:							
	DATE OF BIF	RTH:		GRADE:				
	REASON FOR WITHDRAWAL:							
	NAME OF PARENT OR GUARDIAN:							
	SPORTS EQU	JIPMENT AND	UNIFORMS T	TURNED IN?_				
	Grades for nine weeks and semester (s) Boo							
		Fall Term		Spring Term			Records	Teacher's Initials
ubject	1st 9 Wks	2nd 9 Wks	Semester	1st 9 Wks	2nd 9 Wks	Semester	Cleared	IIIILIdiS
LA								
/lath								
cience			E					
oc Studies / N History								
omputer / eyboarding								
* School MUST request official records before we can send anything.								
Electronic Devices Library (Laptop and or Hotspot)								_
This school will forward all records upon request of the child's next school. However, all financial records (sporting equipment and uniforms) must be cleared and all books (text and library) and the								
computer returned before we can supply this information. This student will be counted unexcused absent until we are notified that he/she has enrolled in another school.								
Signature of School Principal/Assistant Signature of School S							nool Secreta	ry