

Withdrawal Form

Zion Chapel School
29256 Highway 87
Jack, Alabama 36346
Phone: (334) 897-6275
Fax: (334) 897-5136

Jared Robison, Principal

D'Andra Tingey, Assistant Principal

Jessica Lee, Counselor

Student's Name _____ Grade _____ Withdrawal Date _____

Transferring to: _____
School Address City State

_____ Telephone number Fax number Local Ed Agency

Reason for withdrawal: ___ Transferring ___ Discipline ___ Health ___ Below Required Age ___ Deceased

Records Sent with Parent: ___ Birth Cert ___ Grades ___ Shot Records ___ SS Card ___ Other ___

Enrollment Date _____ Last Date Attended _____

Special Education Services: MR Speech 504 SLD ELD Gifted Other

	Subject	Textbook Returned	*****Withdrawal Grades*****	Teacher's Name
1.	Language Arts			
2.	Reading			
3.	Math			
4.	Social Studies			
5.	Science			
6.	Handwriting			
7.	PE			

COMMENTS: ___ SEE ATTACHED GRADES/PROGRESS REPORTS IF NONE ARE LISTED ABOVE ___

Lunchroom Clear Y
Library Clear Y

List money owed: None
List book name and money owed: None

Parent/Guardian Signature

Date

Jessica Lee, Counselor



Zion Chapel High School

29256 HIGHWAY 87
JACK, ALABAMA 36346
PHONE 334-897-6275
FAX 334-897-5136

ACCREDITED BY
SOUTHERN ASSOCIATION
OF COLLEGES AND SCHOOLS

JARED ROBISON
PRINCIPAL

RANDY BRYANT
ASSISTANT PRINCIPAL

D'ANDRA TINGEY
ASSISTANT PRINCIPAL

To Whom It May Concern:

I intend to homeschool my child: _____ for
the _____ school year. I understand the coursework that is taken in
the homeschool curriculum may not be accepted by the public school system if the
homeschool program is not accredited by a recognized accreditation program. I also
understand that my student's athletic eligibility will be based upon criteria set forth by
the AHSAA for homeschool athletes.

Signature

Date