

## Randolph County Board of Education Head Start

214 N. Highland Ave \* Cuthbert, GA 39840 \* 229-732-5039

## WITHDRAWAL REQUEST

Child's Name:		
Date of Withdrawal:	<del></del>	
Reason for Withdrawal:		
School Enrolling to:		
Parent Signature:	Date	
r di ent Signatal e		
Family Service Manager:	Date	
Director:	Date:	
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Records Sent to:	viaMailFaxEm	iail
Date:		
Staff Initials		