

OFFICIAL NOTICE OF PUPIL WITHDRAWAL

South Central Conference of Seventh-day Adventists
Department of Education
715 Youngs Lane
Nashville, TN 37207-8767

Date: _____

Name of School: _____

Student's Name: _____

Gender: M___ F___ Date of Birth: _____

Grade: _____

Entry Date: _____ Withdrawal Date: _____

Reason for Withdrawal: _____

School student will be attending: _____

City and State: _____

Parent/Guardian's Signature: _____

Teacher's Signature: _____

Principal's Signature: _____

***The local State Department of Education MUST be notified of where the student will be attending school.**