



Alabama Learning Academy
 P.O. Box 267
 Slocumb, AL 36375
 (334) 231-2301

Official School Withdrawal Form

Parent/Guardian Name: _____

Address: _____ City: _____

State: _____ Zip code: _____ Phone: _____

Email: _____

Is the student being withdrawn going to take their GED? Yes / No

List all student(s) being withdrawn

Name	Birthday	Grade Level

Date of Withdrawal: _____

County/City Board of Education you mailed your CSEF form to:

After withdrawing the student(s) listed on this form, will you have students that will still currently be enrolled with Alabama Learning Academy? Yes / No

I agree/understand that once I submit this withdrawal form, that Alabama Learning Academy will submit a copy of this form to my local board of education. I understand it's a law and it is required by law that they do so.

I agree/understand that Alabama Learning Academy will submit a dismissal if I fail to re-enroll each year.

I agree/understand that if I decide to return to Alabama Learning Academy after submitting this withdrawal I will have to submit a new enrollment application.

Signature

Date

Mail form to: Alabama Learning Academy
 P.O. Box 267
 Slocumb, AL 36375