



**STUDENT WITHDRAWAL**

River Crest Academy  
 P.O Box 325  
 Hope Hull, AL 36043  
 334-398-2008

DATE: \_\_\_\_\_

STUDENT \_\_\_\_\_ ID# \_\_\_\_\_

DOB \_\_\_\_\_ GRADE \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_

Under age of 17? Yes \*\* ( ) No ( ) (\*\*If Yes, must attend school)

ATTENDANCE: MUST BE TURNED IN ON ATTACHED FORM

SUBJECT STUDIED                      CURRENT GRADE/SCORE                      PARENT SIGNATURE

1		
2		
3		
4		
5		
6		
7		
8		

STUDENT WILL ATTEND: \_\_\_\_\_

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Administrator Signature