

OFFICIAL NOTICE OF PUPIL WITHDRAWAL

Kentucky-Tennessee Conference of SDA

Department of Education

PO Box 1088

Goodlettsville, TN 37070

Date: _____

Name of School: _____

Student's Name: _____

Sex: M___ F___ Date of Birth: _____

Grade: _____

Entry Date: _____ Withdrawal Date: _____

Reason for Withdrawal: _____

School child will be attending: _____

City and State: _____

Parent/Guardian's Signature: _____

Teacher's Signature: _____

Principal's Signature: _____

***We are required by law to let the state know where your child will be attending school.**