

# CROSS RIVER ACADEMY STUDENT WITHDRAWAL

CROSS RIVER ACADEMY  
P. O. BOX 1412  
ALABASTER, AL 35007  
205-685-5988  
205-621-0600 FAX

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

STUDENT _____	DOB _____
GRADE _____	
ADDRESS _____	PHONE NO: _____
CITY/STATE: _____	ZIP _____

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

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

**ATTENDANCE: MUST BE TURNED IN**

**\*\*\*\*\* PLEASE USE NUMBER GRADES ONLY; FOR GRADES 3 – 12 \*\*\*\*\***

SUBJECT STUDIED	CURRENT GRADE NUMBER GRADE ONLY	PARENT SIGNATURE
ENGLISH		
MATHEMATICS		
HISTORY		
SCIENCE		
PHYSICAL EDUCATION		

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

\_\_\_\_\_ ENROLLED IN NEW SCHOOL (DATE)

\_\_\_\_\_ **Parent Signature**

\_\_\_\_\_ Cross River Academy - Administrator