MILLER GROVE HIGH SCHOOL
2645 DeKalb Medical Parkway
Lithonia, GA 30058

24-hour request advance notice is required
WITHDRAWAL REQUEST FORM

** Only the parent/legal guardian who enrolled the student(s) may withdraw the student(s) in person. **Phone or faxed requests are unacceptable.**

Date of Request: _____ Time: _____ Phone #: _____

Student Name: _____
Last First Middle

Student #: _____ Date of Birth: _____

Current Grade: _____

Reason for Withdrawal: _____

School transferring to: _____

** Parent/Legal Guardian _____ / _____
Print Sign

Request delay:

Textbooks owing:	Name	Teacher	Yr.	Amount
1.				
2.				
3.				
4.				