## Piedmont Academy, Inc. P.O. Box 231 Monticello, Georgia 31064 WITHDRAWAL FORM

STUDENT NAME: GRADE:				WITHDRAWAL FORIVI	_	
Send transcript to:  Reason for withdrawal:  Grading period reported:  Period Course Grade Books / Supplies Not Returned Teacher's Signature  I HEREBY WITHDRAW MY CHILD FROM PIEDMONT ACADEMY, INC.  Date:  my permission for the release of his/her records  Lunchroom Office  Parent Signature	STUDE	NT NAME:			Date: GRADE:	// :
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I HEREBY WITHDRAW MY CHILD FROM PIEDMONT ACADEMY, INC.  Date: I give my permission for the release of his/her records  Business Office  Lunchroom  Office  Parent Signature	Gradin	g period reported:				
I HEREBY WITHDRAW MY CHILD FROM PIEDMONT ACADEMY, INC.  Date: I give my permission for the release of his/her records  Business Office  Lunchroom  Office  Parent Signature	Period	Course	Grade	Books / Supplies Not Retur	rned	Teacher's Signature
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· · · · · · · · · · · · · · · · · · ·				Lunchroom	Office	
	Parent Signature		Athletic Director	Admissions Office		

School Fax 706-468-2409 or E-mail: ashley\_cook@piedmontacademy.com



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