

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

WITHDRAWAL FORM

STUDENT NAME: _____ Date: ____/____/____
GRADE: _____

Address: _____ ☎: _____

Moving to: _____

Send transcript to: _____

Reason for withdrawal: _____

Grading period reported: _____

Period	Course	Grade	Books / Supplies Not Returned	Teacher's Signature
①				
②				
③				
④				
⑤				
⑥				
⑦				

I HEREBY WITHDRAW MY CHILD FROM PIEDMONT ACADEMY, INC.

Date: _____. I give
my permission for the release
of his/her records

Business Office

Media Specialist

Lunchroom

Office

Parent Signature

Athletic Director

Admissions Office

School Fax 706-468-2409 or E-mail: ashley_cook@piedmontacademy.com



PIEDMONTACADEMY.COM