Fulton County Schools
Home School Withdrawal Form

Student(s) Name:

_____
Last First Middle Birthdate

_____
Last First Middle Birthdate

_____
Last First Middle Birthdate

_____
Last First Middle Birthdate

_____
Last First Middle Birthdate

Withdrawal Date: _____

Reason for Withdrawal: (check one)

___ **Enrolled to Public or Private Schools**

If enrolled into public or private school please provide school name: _____

___ **Moving/Moved out of state/county**

If moved please provide new address: _____
Street City State Zip

___ **Completion/GED**

If completed, do you need a letter to take the GED test? _____

___ **Student 16 or over**

Please note students under 18 yrs cannot obtain a valid Georgia Driver's License if not attending public, private, or home school.

___ **Other**

Please state reason: _____

_____

Parent/Guardian Name (print):_____Date:_____

Parent/Guardian Signature: _____Date:_____

Mail to: Fulton County Schools
Home Study Program
5270 Northfield Blvd
College Park, GA 30349

Print