



# Brookhaven Innovation Academy

186 Hunter Street  
Norcross, Georgia 30071  
Telephone: 770-538-1550  
Fax: 678-691-6207

## Withdrawal Form

Student Name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_

Withdraw Reason: \_\_\_\_\_

School Transferring to: \_\_\_\_\_

School Address: \_\_\_\_\_ (Street # and name)

\_\_\_\_\_ (City, State, ZC)

\_\_\_\_\_ (Telephone/ Fax)

Did the student return all school property?    \_\_\_ Y    \_\_\_ N

Does the student have any outstanding fees?    \_\_\_ Y    \_\_\_ N

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date