

Dothan High School
3209 Reeves Street
Dothan, Al 36303

Phone: 334-794-1410

Fax: 334-712-9025

Mr. Bill Singleton, Principal

Assistant Principals

Mrs. Virginia Brookins

Mrs. Lauren Buchanan

Mr. Roy Dawkins

Mr. Steve Lewis

Mrs. Monica Montalvo

Withdrawal Form

Student Name: _____ Grade: _____ Date of Birth: _____

Parent or Guardian: _____ Date of Withdrawal: _____

Special Education? Yes: _____ No: _____

Special Education records can be obtained by contacting:

Dothan City Schools
1665 Honeysuckle Rd.
Dothan, Al 36305
334-793-1397 "241

School Transferring to: _____

Address: _____

Telephone: _____ Fax: _____

Parent Signature: _____ Date: _____

Dothan High School
 3209 Reeves Street, Dothan, AL 36303
 Phone: (334) 794-1410 Fax: (334) 712-9025
 Withdrawal Form

Student Name: _____ Grade: _____ Date of Birth: _____
 Address: _____ Zip Code: _____
 Phone: _____ Gender: _____

Ethnicity (please circle): White Black Hispanic Asian/Pacific Islander American Indian/Alaskan

Student Lives With: _____ Parent (Guardian) Signature: _____

Reason for withdrawal: Transferring to another school in Dothan: _____ Moving
 Out of Dothan: _____ Next School: _____

GED

Job Core

State Placement

Withdrawal Form Details

Period	Subject	Teacher	Grades for 1st Weeks	Grades for 2nd Nine Weeks	Grades for 3rd Weeks	Average at Withdrawal	Teacher Signature
1st							
2nd							
3rd							
4th							
5th							
6th							
7th							

Lunchroom Clearance: _____
 Fees Cleared: _____

Media Center Clearance: _____