

Outlook Academy Withdrawal Form

Parent(s) Name(s): _____

Address: _____

City: _____

Home Phone: _____

Daytime Phone *(if different from home phone)*: _____

Name of County/City Public School System: _____

Child(ren) to be Withdrawn: _____

Date of Withdrawal: _____

Signature of Parent or Guardian: _____

Date: _____

Please return completed and signed form to:
Outlook Academy
P.O. Box 1027
Millbrook, AL 36054