

**FIRST BAPTIST OPELIKA CHRISTIAN SCHOOL**

NOTIFICATION OF WITHDRAWAL

Parent's Names \_\_\_\_\_

Family's Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

City State Zip County

Please withdraw the following children from enrollment in First Baptist Opelika Christian School.

Full Name	Grade	New School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Effective Date of Withdrawal \_\_\_\_\_

Reason for Withdrawal

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We understand that First Baptist Opelika Christian School is required by Alabama Code 16-28-7 to report this withdrawal to the local school superintendent and that Alabama law gives parents five (5) days from the date of withdrawal to enroll in another school if student(s) is/are of compulsory school age.

\_\_\_\_\_  
Signature of parents/guardians

Date \_\_\_\_\_