



3159 Campus Drive  
Norcross, Ga 30071  
(T) 770-538-1550  
(F) 678-691-6207

**Brookhaven Innovation Academy Transfer/Withdraw Form**

Please turn in this form to the front office.

Students Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

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

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

School Address: \_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City, State, Zip Code)

\_\_\_\_\_ (Phone Number)

Did the student return all school property? \_\_\_\_\_ Yes No \_\_\_\_\_

Does the student have outstanding fees? \_\_\_\_\_ Yes No \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date