



Rocket City Scholarship Granting Organization

SCHOOL WITHDRAWAL/DISMISSAL FORM

To be completed by current school

STUDENT NAME: _____

CURRENT SCHOOL: _____

First Day: _____ Last Day: _____

Total Scholarship Awarded: \$ _____

Amount Paid to School: \$ _____

Please mark one of the following as reason for withdrawal/dismissal:

____ Moving out of Huntsville/Madison County

____ Transferring to a Public School

____ Transferring to a different RCSGO Partner School

Notes:

Principal Name: _____

Principal Signature: _____ Date: _____

This form must be complete and submitted to RCSGO within **three business days** of the withdrawal by the school. Student will not be considered enrolled in new school until all forms are submitted. Scholarship funding will be withheld if current school does not comply with these guidelines.

Office Use For RCSGO Only

Daily Rate:\$_____ Days in School:_____ Total Amount Used:\$_____

Amount Approved:\$_____ Date_____ By_____

3001 9th Ave. SW
Huntsville, AL 35805
(256) 369-3297
www.rocketsgo.org