

JACKSON MIDDLE



HEIGHTS SCHOOL

41 Academy Avenue
Oviedo, FL 32765

Phone: (407) 320-4550
Fax: (407) 320-4599

Date: _____

My son/daughter _____ will be Withdrawing from
Jackson Heights Middle School on _____ **(last day of attendance)**. Current Grade: _____

DOB: _____

Reason for Withdraw: _____.

New School Name & Address that my child will be attending:

New Home Address: _____

Parent Name/Guardian Name Withdrawing Student: _____

(Print Name)

Parent Signature/Guardian Signature: _____

Parent/Guardian Phone #: _____

Sarah Mansur-Blythe
Principal

Claudomy Pierre
Assistant Principal

Melissa Hager
Assistant Principal

Chad Duff
SAM

Andrew Porter
Dean of Students



Seminole County Public Schools
www.scps.k12.fl.us