



**LOWNDES COUNTY PUBLIC SCHOOLS**  
**Non-Renewal Form**

**School Year** \_\_\_\_\_

**School Site** \_\_\_\_\_

**Administrator** \_\_\_\_\_

<b>Name</b>	<b>Position</b>	<b>Grade/Subject</b>	<b>Vacant Position (Yes/No)</b>	<b>Funding Source</b>	<b>Effective Date</b>

**Principal/Supervisor/Director** \_\_\_\_\_

**Date** \_\_\_\_\_

**Human Resource Director** \_\_\_\_\_

**Date** \_\_\_\_\_

**Superintendent** \_\_\_\_\_

**Date** \_\_\_\_\_

**Comments** \_\_\_\_\_

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