



Withdrawal Form

Request to withdraw from all programs at Classical Christian Academy

This form is being initiated by _____ Relationship to student _____

Student's Name _____ Student's grade _____

Date change is requested: _____ Date form was initiated: _____ Effective Date: _____

Before request can be considered:

1. I have met with the teacher if this request is related to a teacher/course or classroom issue.

Teacher's signature _____ Date _____

Teacher's signature _____ Date _____

Teacher's signature _____ Date _____

2. I have met with the Administration concerning the reason for my withdrawal.

Administration's signature _____ Date _____

3. If requesting a change to your financial agreement, please attach a letter for the Board of Directors clearly outlining your request.

4. Please note that a withdraw occurring in the middle of a quarter could result in a WP (withdrawal passing) or WF (withdrawal failing) on report card and transcripts.

5. An additional \$200 Administration fee will be added to the amount due.

It should be understood that this change request would change the financial agreement that was signed and will have a negative fiscal impact for CCA. As outlined in the financial agreement, the full amount of the agreement is due unless the Board of Directors agrees to change your agreement.

Reason for withdrawal: (use extra paper if necessary)

Parent's Signature _____ Date _____

For business office: ____ OK to release records. ____ Do NOT release records until account is current.

Sign: _____ Date: _____

Board Approval: Sign: _____ Date: _____