



Withdrawal Form

Request to withdraw from the **Connections Program** only (no on-campus classes taken)

This form is being initiated by: _____ Relationship to Student: _____

Student's Name: _____ Student's Grade: _____

Date Request is Effective: _____ Date Form was Initiated: _____

Reason for Withdrawal: (use extra paper if necessary)

Before request can be considered:

1. Until you have met with Administration and obtained their signature, the Withdrawal Form is not considered finalized and invoicing will continue until that date.

Administration's Signature: _____ **Date:** _____

2. If requesting a change to your Financial Agreement, please attach a letter for the Board of Directors clearly outlining your request.
3. Please note that a withdrawal occurring in the middle of a quarter could result in a WP (withdrawal passing) or WF (withdrawal failing) on report card and transcripts.
4. An additional \$50 Withdrawal Fee will be added to your student account amount due.

It should be understood that this Withdrawal 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 your request.

Parent's Signature: _____ **Date:** _____

Please submit this completed form, along with any additional requests or documentation to kdiskell@discovercca.org

For Business Office: _____ OK to release records. _____ Do NOT release records until account is current.

Business Manager Signature: _____ **Date:** _____

Principal Approval Signature: _____ **Date:** _____

Comments: