

Withdrawal Request Form

"Where God guides, God provides." Calvary Chapel certainly understands the calling of the Lord, whether it is into or out of certain situations. If you feel that God is leading you to relocate to another area or another local school, we want to help make that transition as smooth as possible.

Please complete the following information for us to properly assist you in withdrawing your student and scheduling your exit interview with an administrator:

Date:			
(Please print)		(For elementary	
Student Name:			
Student Name:			
Student Name:	Current Grade:	Teacher:	
Last date the student(s) will be	in attendance at CCA:		
End of Year Withdrawal – not i	returning 2016-2017 :	School Year:	
Name of person withdrawing st	udent(s):		
Phone number of person withda	awing student:	(Please print)	
Forwarding Address (if moving)):		
New School Name & Address:			
Reasons for leaving:Movi		DistancePersonal	_Other
Is there anything we could have	done that would have	e prevented you from leavir	ng?
Current Tuition Balance \$	Date A		
By signing below I acknowledge and u parent is responsible to pay the full tu or is dismissed from the school. I also form is turned in, all CCA books and ot	ition and fees for the acade understand that <i>records</i> i	emic year even if the student is v will not be released until this co	oluntarily withdraw mpleted and signed
Signature of Parent or Guardi	an Date		