

Withdrawal Form

Request to withdraw from ALL programs at Classical Christian Academy

Thi	is form is being initiated by:	Relationship to Student(s):
		Student(s) Grade:
 Da	ate Request if Effective:	Date Form was Initiated:
Ple	ease indicate which program you will be withdrawing	from:
	,	•
Re	eason for Withdrawal: (use extra paper if necessary)	
	efore request can be considered:	
1.	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.	You have met with the teacher(s) if this request is related to a teacher/course or classroom issue.	
	Teacher's Signature:	Date:
	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.	
3.	If requesting a change to your Financial Agreement, please attach a letter clearly outlining your request.	
 It should be understood that this Withdrawal request would change the Financial Agreement that was signed and will have negative fiscal impact for CCA. As outlined in the Financial Agreement, the full amount of the Agreement is due unless to Board of Directors agrees to your request. After December 1st, CCA is unable to fill your student's seat. Therefore, the Board will not adjust or waive your Financial Agreement. 		
Pa	rent's Signature:	Date:
Foi	r Business Office: OK to release records	Do NOT release records until account is current.
Bu	ısiness Manager Signature:	Date:
	omments:	