CCA
CLASSICAL CHRISTIAN ACADEMY

Withdrawal Form

Request to withdraw from ALL programs at Classical Christian Academy

This form is being initiated by: _____ Relationship to Student(s): _____

Student(s) Name: _____ Student(s) Grade: _____

Current Physical Mailing Address: _____

_____

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

Please indicate which program you will be withdrawing from:

- ☐ Hybrid Student (3-Day Track)- $200/student; $400 max per family
- ☐ Hybrid Student (2-Day Track)- $200/student; $400 max per family
- ☐ Flex/Guest Student (on campus) - $100/student; $200 max per family
- ☐ Flex/Guest Student (no classes on campus) - $50/student; $100 max per family
- ☐ Other: _____ - _____

Reason for Withdrawal: (use extra paper if necessary)

_____

_____

Before request can be considered:

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

   Principal'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 a Financial Agreement Change request will have a negative fiscal impact for CCA. As outlined in the Continuous Enrollment Agreement and Annual Financial Agreement, the full amount of the Agreement is due unless the Board of Directors approves your request.

   Parent's Signature: _____ Date: _____

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

Business Manager Signature: _____ Date: _____

Head of School Approval Signature: _____ Date: _____

Comments: _____