Student Withdrawal Record

School: Community Chr	istian Academy	Student Name:	(Please Print)		
(Please Print All Inform	nation)		Today's Date:	//	
Name of Student:	Last	First	Middle		
Home Address:			Phone #:		
City:	State:	: Zip: _			
Date of Birth:/	/ Sex Stu	udent's Social Securit	y #:		
Reason for Withdrawa	: (Please Check A	ppropriate Box)			
Moving Out-of-Town					
Transferring to another	er in-town school.				
Name of New School:					
□ Other: (<i>Please Give E</i>	Brief Explanation. U	lse Back if Necessar	/)		
Request for Transcript	:				
<u>Please Note</u> : One copy or requested for five-dollars					
Please release my ch	ild's transcript to so	chool where he/she e	enrolls, upon their writ	ten reques	
Please mail my child's	s transcript to my a	ttention, at the addre	ss currently on file.		

(Transcript will be mailed with ten business days)

□ I would like to request ______ additional copies at the cost of \$10 each.

(Payment must be submitted with this request)

As the legal parent and/or guardian, I hereby submit this request for the withdrawal of my child from the enrollment of Community Christian Academy (CCA). <u>I understand my account must be</u> <u>paid before any grades and/or transcript will be released</u>. I further understand that Community Christian Academy will notify the local Board of Education of my child's withdrawal, and I accept sole responsibility for compliance with state and federal truancy laws.

Signed:]	Date:	//	
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Printed Name: _____

Please Note: This request must be filled out completely before it can be processed. <u>No transcripts</u> <u>or grades will be released until your financial account is fully settled</u>. Upon payment of any tuition or fees due, grades will be mailed to address on file within ten (10) business days.