

(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). **I understand my account must be paid before any grades and/or transcript will be released.** 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: ____ / ____ / ____

Printed Name: _____

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