



**WILLOTT ROAD CHRISTIAN ACADEMY
WITHDRAWAL FORM**
(Please print information clearly)

Student's Name: _____

School year student was enrolled: _____ Grade level student was entering: _____

Date notification was given to office: _____ Date of last day student will attend: _____

Reason for withdrawal:

____ Family Relocation

____ Financial

____ Other _____
(Explanation)

Student will attend:

____ Public School _____
(Name of school)

____ Private School _____
(Name of school)

____ Will be home schooled

Parent's Signature: _____ Date: _____

Staff Signature: _____ Date: _____