



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 - \$200/student; \$400 max
- Flex/Guest Student (on campus) - \$100/student; \$200 max
- Flex/Guest Student (no classes on campus) - \$50/student; \$100 max
- Other: _____ - _____

Reason for Withdrawal: (use extra paper if necessary)

Before 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.

1. It should be understood that this Withdrawal request would change the Financial Agreement that was signed and will have a negative fiscal impact for CCA. As outlined in the Financial Agreement, the full amount of the Agreement is due unless the 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.

Parent's Signature: _____ **Date:** _____

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

Business Manager Signature: _____ **Date:** _____

Principal Approval Signature: _____ **Date:** _____

Comments: