



Student Withdrawal Form

Student Name: _____ Grade Level: _____
Last First Middle

Date of Birth: _____ Parent/Guardian Name: _____

Phone Number: _____ Address: _____

Student's Last Day of School (Official Withdrawal Date): _____

Reason for Withdrawal:

- Transfer to another Lake County Public School
- Transfer to another Private School
- Homeschool
- Moving/Relocation
- Other _____

Name of New School: _____

New Family Address (if applicable): _____

Parent Signature: _____ Date: _____

Withdrawal Policy: Wesley Christian Academy is a non-profit organization that organizes its yearly budget upon the students who have committed to WCA educational services each school year. Therefore, early withdrawal of a student will result in payment of the remainder of the semester or \$250.00 (whichever amount is greater). Semester one is considered the first and second nine-week grading periods. Semester two is considered the third and fourth nine-week grading periods. The Administration and Finance department have to approve before the Withdrawal is considered finalized and until the above procedures have taken place.

For Office Use Only

Days Present This School Year _____ Days Absent This School Year _____

Does Student Participant in any Special Programs? 504 _____ IEP _____ Other _____

Teacher Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Outstanding Balance: _____ Finance Sign Off _____ Guidance Sign Off: _____