School Withdrawal Form

Last: _____ First: _____ Middle: _____

Address: _____

City, State & Zip: _____

Phone Number: _____

Last Day of Attendance: _____/_____/_____

Reason for withdrawal: _____

_____

Transferring to: _____

As the parent and /or legal guardian of the above named student, I hereby withdraw him or her and both request and authorize Lake Pointe Academy to remove the student from all currently registered LPA courses and programs. Additionally, I authorize Lake Pointe Academy to share any and all pertinent academic and related student records as requested by the student's next educational institution. I understand withdrawal does not relieve me of my/our financial responsibilities as outlined in the school's financial policies.

Parent Name: _____ Parent Signature: _____

For Office Use Only:

<u>Registrar:</u>   Date Received: ___/___/___   Signature: _____

Comments: _____

_____

<u>Accounting:</u>   Date Reviewed: ___/___/___   Signature: _____

Account Adjustments: Refund family: $_____

Charge account: $_____

Comments: _____

Lake Pointe Academy
A Classical Christian University Model School