



Life Way Christian School Withdrawal Form

Student Name _____ Date of Birth _____ Grade _____

Date of withdrawal (last day) _____

Reason of Withdrawal (Please Explain):

- Academic Issues _____
- Discipline Issues _____
- Financial Issues _____
- Relocation _____
- Other _____

Send Records To:

Parent/School Name _____

Address _____
City State Zip

I give permission to release past and present academic records, standardized test scores, attendance records, discipline records, immunization records, and special education records and any other information that may be useful.

Parent/Guardian Signature _____ Date _____

Office Use Only:

Academic Account- All books and lock returned in good condition	<input type="checkbox"/> Clear
Athletics Account- All uniforms returned in good condition	<input type="checkbox"/> Clear
Library Account- All books returned in good condition	<input type="checkbox"/> Clear
Tuition Account- All fees and tuition paid (Balance Due _____)	<input type="checkbox"/> Clear
Copies to: <input type="checkbox"/> Principal <input type="checkbox"/> Administrator	

Approved to Release Records Administrator Signature _____

Records Sent Board Signature _____