



WITHDRAWAL FORM

For students who withdraw, an Official Withdrawal Form must be completed by a parent or legal guardian. Please complete one form for each student withdrawing, and return the completed form(s) to the school office.

DATE OF WITHDRAWAL: _____

STUDENT'S FULL NAME: _____

CURRENT GRADE: _____

Please indicate the reason for withdrawal:

Transferring to another public or private school

Transferring to online or home school

Moving out of the area

Other: _____

NAME OF NEW SCHOOL: _____

ADDRESS OF NEW SCHOOL: _____

NEW STUDENT ADDRESS, when applicable: _____

NAME OF PARENT/LEGAL GUARDIAN: _____

PHONE # _____

Parent/Legal Guardian Signature

Date

Faith Christian Academy – Administrative Offices

2255 Allentown Road, Quakertown, PA 18951 P: 215-536-2255 F: 888-534-0842 www.my-fca.com