CAPROCK ACADEMY

CHARACTER. ACCOUNTABILITY. ACADEMICS.

Withdrawal Form

<u>Please Note</u>: If there is a Parenting Plan in place with 50/50 parental rights, both parents must sign.

Date: _____/_____/_____

Student's Legal Name:		**Date of Birth:**
Grade:	**Teacher:**	

I am withdrawing the above named student from Caprock Academy. His/her last day of attendance will be _____ (date).

Reason for withdrawal:

School the student is transferring to:

As the parent/legal guardian of the above named student, I agree to return all requested books and/or materials to Caprock Academy or pay for their replacement.	
Primary/Legal Guardian Print Name:	**Secondary/Legal Guardian Print Name:**
Primary/Legal Guardian Signature:	**Secondary/Legal Guardian Signature:**
Date:	**Date:**
Cell Phone:	**Cell Phone:**
Home Phone:	**Home Phone:**

Date Withdrawal Was Accepted:	**Time Accepted:** □ **AM** □ **PM**
Withdrawal Accepted By:	
Date emailed to HR Teacher:	**Date emailed check-out information:**