



Aletheia Christian Academy
1700 Woodchuck Avenue
Pensacola, FL 32504

(Date)

I, _____, withdraw my child, _____.
(Parent's Name) (Student's Name)

I agree that outstanding fees (listed below) will be charged to my FACTS tuition account and paid in full before my student is officially withdrawn from Aletheia.

Reason for Withdrawal:

Parent Comments:

Parent's Signature _____

Administration Signature _____

OFFICIAL USE ONLY: (School official will initial completion of each item)

Withdrawal is complete when the following has been done:

1. _____ FACTS tuition account is paid up to date.
2. _____ After school care charges are paid up to date.
3. _____ Library books have been returned.
4. _____ Student's property has been collected.
5. _____ Grades and/or transcripts have been provided to parent.*
6. _____ Email deactivated, grades printed and archived, transcripts preloaded and printed, student withdrawn from FACTS.

*Student records cannot be released if there is any outstanding balance.

Inform: _____ Student Accounts Dir _____ Principal _____ Yearbook