



SAINTS ACADEMY

Saints Academy Educating the Mind... Training the Heart
PRIVATE SCHOOL

Student Withdrawal /Transfer Form

Please Print Neatly

Student Name _____

Date of Birth: ____/____/____

Address: _____

Parent/Legal Guardian Name (PRINT) _____

Contact Number _____

Reason for Withdrawal:

Check One

Moving

Transfer to another School

Other _____

Name of School Transferring to: _____

Authorization to Withdraw

Parent/Legal Guardian Signature _____

SCHOOL USE ONLY

Academic Progress for the ____ - ____ School Year

Student Grade Level: _____

Last Date of Attendance: ____/____/20____

Saints Academy reserves the right to withhold records/transcripts due to unpaid accounts.

Class Period	Teacher	Subject	Grade	Teacher Initial
1				
2				
3				
4				
5				
6				

**See Last Report Card
or
Transcript**

Authorized Signature _____

Principal Signature _____

Payment Method

() McKay () SUFS () FE () Other _____

Withdrawn

() In Person () Email () By Phone () Other _____

Notes _____

Records Sent ____/____/____

Date Effective ____/____/20____

Outstanding Balance \$ _____

Paid \$ _____

Balance Due \$ _____

The student's records will not be released until all balances are paid in full.

