

**Wynfield Christian Academy
Withdrawal Form**

Section I: APPLICANT

Complete Section I and submit it to the school principal or attendance supervisor of Wynfield Christian Academy.

Applicant's Name

(Last)

(First)

(Middle)

Social Security Number _____ / _____ / _____

Date of Birth _____

I, the parent/guardian of the withdrawing student, also request that all student records be sent to the following school for effective transfer of student enrollment if needed:

Name of school: _____

Full Address: _____

(Today's Date)

(Signature of Applicant or Guardian)

Section II: SCHOOL PRINCIPAL OR ATTENDANCE SUPERVISOR

Section II of this form is to be completed by either the school principal or the attendance supervisor of Wynfield Christian Academy.

The official withdrawal date for the individual listed above is

(Month)

(Day)

(Year)

I certify that the information in Section I of this application has been verified and is correct.

Today's Date

Signature of School Principal

or Signature of Attendance Supervisor

Telephone