



Student Withdrawal Form

Date: _____

_____ is withdrawing from Sarasota Christian School on
Student _____ Grade

_____ Date

Please give the following information for the student so they may be checked out at the office:

	Book Returned yes or no	Fee Due
Library	_____	_____
English	_____	_____
Math	_____	_____
Science	_____	_____
Social Studies	_____	_____
Foreign Language	_____	_____
_____	_____	_____
_____	_____	_____

	Returned yes or no	Fee Due
Athletic Uniform	_____	_____
Choir Attire	_____	_____
Instrument	_____	_____
_____	_____	_____
_____	_____	_____
<input type="checkbox"/> McKay Recipient		
<input type="checkbox"/> Step Up for Students Recipient		
<input type="checkbox"/> International Student		

Reason for withdrawal: _____

New School:

Parents New Address:

 Parents Phone _____

Parent Name (print): _____

Parent Signature: _____

_____ Principal's Signature	_____ Director of Business Services	\$ _____ Amount Due
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