



GRACE BRETRHEN CHRISTIAN SCHOOL  
WITHDRAWAL FORM

TODAY'S DATE: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

REASON FOR WITHDRAWAL: \_\_\_\_\_

Please be advised that I will be withdrawing my child from Grace Brethren Christian School effective the date listed above. Please release my child's records to the following school:

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

I understand that my records will not be released by Grace Brethren Christian School until all financial obligations have been met, and all school materials (books, library books, athletic uniforms, etc.) are returned.

Please sign this form and return with the \$35.00 (per family) withdrawal fee and any other financial obligations to the school at the address listed below.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date received: \_\_\_\_\_

Library: \_\_\_\_\_

Student Accounts: \_\_\_\_\_

Registrar: \_\_\_\_\_