



Intent to Withdraw Form

Instructions:

Please complete this form in its entirety to officially withdraw your child(ren) from All Saints Catholic Academy (ASCA). This form must be submitted to the school office. All accounts must be current before withdrawal can be finalized and official records can be released. Please refer to the Continuous Enrollment Agreement and Parent and Student Handbook for additional details on withdrawal policies.

Student Information

Student Name(s):

Grade Level(s):

Last Day of Attendance (MM/DD/YYYY):

Parent/Guardian Name(s):

Primary Contact Information:

Phone: _____

Email: _____

Reason for Withdrawal

(Please select the option that best describes your reason for withdrawal and provide additional details as necessary.)

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Additional Comments (optional):

Financial Obligations

I understand that:

1. Any outstanding tuition, fees, or other financial obligations must be paid in full before withdrawal is finalized and records are released.
2. If the withdrawal occurs after February 21st, I will be responsible for the non-refundable Enrollment and Student Fee.
3. Tuition will be prorated over the 10-month school year based on the number of days my child(ren) attended, including the day of withdrawal.

Acknowledgment

By signing below, I confirm that I have read, understand and agree to the withdrawal policies outlined in the Continuous Enrollment Agreement and Parent and Student Handbook. I also acknowledge that all financial obligations must be met before the withdrawal process is complete.

Parent/Guardian

Signature: _____ **Date:** _____

Office Use Only

Date Received:

Processed By:

Outstanding Balance:

Notes:

Official Records Released (Date):
