

# Leon Valley Christian Academy

7990 Grissom Road

San Antonio, TX 78251

Phone: 210-684-5662 Fax: 210-798-0021

## STUDENT WITHDRAWAL FORM

\*Please notify the school office at least 5 days in advance of your child's withdrawal.

PARENT'S OR GUARDIAN'S NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

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

PHONE: \_\_\_\_\_ LAST DATE OF ATTENDANCE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

.....  
NAME OF NEW SCHOOL: \_\_\_\_\_

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

SCHOOL PHONE: \_\_\_\_\_ SCHOOL FAX NUMBER: \_\_\_\_\_

\*\*I HEREBY AUTHORIZE LEON VALLEY CHRISTIAN ACADEMY TO TRANSFER MY STUDENT'S SCHOOL RECORDS TO THE SCHOOL LISTED ABOVE.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*NOTE: STUDENT'S RECORDS CANNOT BE RELEASED UNTIL ALL FINANCIAL OBLIGATIONS ARE MET!  
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### SCHOOL OFFICE USE

#### WITHDRAWAL CHECKLIST:

- TUITION/FEES PAID IN FULL
- WITHDRAWAL FORM SUBMITTED TO OFFICE
- OTHER: \_\_\_\_\_

#### THE FOLLOWING ITEMS ARE INCLUDED:

- CURRENT REPORT CARD
- IMMUNIZATION RECORDS
- BIRTH CERTIFICATE
- STUDENT WITHDRAWAL FORM
- OTHER: \_\_\_\_\_

\_\_\_\_\_  
LVCA Staff Signature

\_\_\_\_\_  
Date