



**Notification of Withdrawal**  
**PLEASE PRINT**

Office use: Date rec'd: _____ (initials)
--

Today's Date: \_\_\_\_\_ **\*\*\*SEE NOTES BELOW\*\*\***

**Student Name:** \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Room #: \_\_\_\_\_

I request that my child's last day at Crossroads Christian Schools to be \_\_\_\_\_  
[Date]

Reason for withdrawal: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Dear Parents:** Your withdrawal may be delayed. All textbooks, library books, cafeteria balances, and sports equipment must be cleared or turned in to Crossroads Christian Schools before the Accounting Department finalizes withdrawal of your student. Non-resolved items will be deducted before any credit balance is refunded.

\_\_\_\_\_  
(initials)

**\*\*\*NOTE\*\*\* A two-week notification of withdrawal is required before any EFT may be discontinued or partial refund may be issued.**

\_\_\_\_\_  
(parent initials)



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