WITHDRAWAL FROM VALLEY STREAM CHRISTIAN ACADEMY

This form is to be completed and signed to withdraw your student(s) from Valley Stream Christian Academy*

Name of Student: ____________________________  Grade: ____________
Name of Student: ____________________________  Grade: ____________
Name of Student: ____________________________  Grade: ____________

Withdrawal date: ____________________________

To be released:
☐ Complete transcript of grades, including most recent marking period
☐ Standardized test results
☐ Health records
☐ Special Education records (IEP, 504, etc.)
☐ Psychological Evaluation
☐ All of the above

All textbooks and VSCA property must be returned to the office. Lockers must be emptied completely.

Student(s) will attend school at:
____________________________
____________________________
____________________________

Reason for withdrawal:
________________________________________
________________________________________
________________________________________

Parent/Guardian Signature ____________________________  Parent/Guardian Signature ____________________________

* Please see Parent/Student Handbook for Cancellation of Enrollment policy.