



Valley Stream Christian Academy

A Ministry of Bethlehem Assembly of God

- For Office Use:
- ___ Notify Faculty & Staff
 - ___ Textbooks Returned
 - ___ Accounting Notified
 - ___ Balance Owed
 - ___ Locker Cleanout
 - ___ Administrative Approval

12 East Fairview Avenue, Valley Stream, NY Phone: 516-561-6122. Fax: 516-284-7270

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.*