TEA CHRISTIAN ACADEMY, INC.
OFFICIAL SCHOOL WITHDRAWAL FORM

NAME OF STUDENT: _____ **DATE OF BIRTH:** _____

Grade: _____ **Last 4-digits of Social Security #:** _____

Transferring to School: _____

Address:_____**Phone:** _____

DATE OF ENROLLMENT: _____ **DATE OF WITHDRAWAL:** _____

FATHER'S/MOTHER'SNAME: _____

ADDRESS: _____**City**_____, **State**_____ **Zip:** _____

PHONE:_____ **E-mail:** _____

REASON FOR WITHDRAWAL: _____
_____
_____
_____

Would you recommend this school to other parents: Yes:_____ **No:** _____

Statement: _____
_____.

Print Parent Name: _____ Date: _____

Signature: _____

TEA Academy's Administrator: _____ Date: _____

Signature: _____