

INTENT TO WITHDRAW

STUDENT INFORMATION

Student's Full Name :

Date of Birth : _____ / _____ / _____

Address : _____

Grade Level : _____ Teacher's Name : _____
(last grade enrolled in at this campus)

WITHDRAWAL INFORMATION

Please select a following option : Withdrawing from current school year Un-Enrolling for upcoming school year

Student's expected last day : _____ / _____ / _____

Reason for withdrawal/unenrollment : _____

EDUCATION DESTINATION

Expected date of enrollment at next school : _____ / _____ / _____

Name of school : _____

Address : _____

Contact Name : _____ Phone # : _____

Records will be sent for your student promptly upon written or emailed request from the receiving school

I am withdrawing/unenrolling my student from Heritage Christian Academy. I am the legal guardian of the listed student.

Printed Name of Legal Guardian : _____ Relationship : _____

Signature of Legal Guardian : _____ Date : _____

HERITAGE CHRISTIAN ACADEMY

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✉ hcamustangs@yahoo.com

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