



Withdrawal Form

Parent/Guardian Name: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

We (I) the undersigned parent(s)/guardian(s), hereby wish to withdraw the above listed student(s) in the above listed grade(s) from First Baptist Christian School ("FBCS") effective _____.

We have decided to withdraw our student(s) from FBCS for the following reasons(s):

- Moving 20 or more miles from FBCS;
- Financial reasons;
- Other _____

We (I) understand this form is submitted as a formal notice of withdrawal. We (I) agree to the following FBCS financial policies regarding withdrawal:

- The next tuition payment is expected if a 30 day notice is not provided before withdrawal.
- If tuition has been paid in full or semi-annually:
 - If 30 day notice is not provided, 1 month's tuition plus a 25% processing fee will be taken out of remaining balance
 - If 30 day notice is provided, 25% processing fee will be taken out of remaining balance
- No refunds will be given for withdrawal during the month of May.
- Admission fees are non-refundable.

Signature of Parent(s)/Guardian _____ Date _____

Approval by Authorized School Personnel _____ Date _____

Equipping learners to face life's challenges God's way