



FIRST BAPTIST CHRISTIAN SCHOOL

GOD • FAMILY • COMMUNITY

Withdrawal Form

Parent/Guardian Name: _____

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 as of _____.

(date)

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.
- No refunds will be given for withdrawal during the month of May.
- Registration fees are non-refundable.
- If there is an outstanding tuition balance in FACTS, the balance must be paid in full upon withdrawal.
- Student records will not be released if there is an outstanding balance.

Signature of Parent(s)/Guardian: _____ Date: _____

Approval by Authorized School Personnel: _____ Date: _____