



**New Summit Charter Academy Official Notice of Withdrawal**

Student's full name
Mailing Address
City, State, Zip Code

Parent/Guardian's name
Email Address
Phone Number

	Today's date	
Anticipated last date of attendance at current school		
First scheduled date of attendance in new educational program		

**REASON FOR WITHDRAWAL**

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**Please provide the following information so we can verify enrollment and forward your child's records to their new school.**

Name of new school/program	
Street Address	
City	
State	
Country (if other than US)	

**STUDENT CHECKOUT**

(check box if completed or upon verification of completion)

- |   |  |
|---|--|
| <input type="checkbox"/> Student Fees Paid      | <input type="checkbox"/> Lunch Fees Paid   |
| <input type="checkbox"/> Library Books Returned | <input type="checkbox"/> Car Tags Returned |

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_