



Quad Cities Christian School

Student Withdrawal Form

Student's Full Name		
School Campus (Circle One)	Jr/Sr High	Elementary
Grade		
Address		
Telephone		
Email		
Last day of School		

Reason(s) for Withdrawal

I acknowledge that if my student has any outstanding balance his/her report card or transcripts will not be released to the new school until all balances have been paid in full.

Parent Signature: _____ Date: _____

Please return completed form to the principal