



UPWARD INTERNATIONAL SCHOOLS
STUDENT WITHDRAWAL FORM
Date of Withdrawal: _____

SELECT CAMPUS:

- ___ Pines Academy Campus
- ___ Lighthouse Academy
- ___ Upward Learning Centre 1
- ___ Upward Learning Centre 2

Please complete one application for each student withdrawing.

Student's Name: _____
Last First Middle

Age: _____ Date of Birth ____/____/____ Student Number: _____

Grade: _____ Teacher (s): _____

Date of Notification of Withdrawal: _____ Date of Last Day at School: _____

Reason for Leaving:

E-Mail Address _____

Residence _____
Street City State Zip

Forwarding Mailing Address:

P.O. Box/Street Number City State Zip

Phone Number: _____ Cell Phone Number: _____

Next School of Attendance: _____

Next School Address: _____

Parent Certification: It is my intention to withdraw the above named student on the specified date from the above indicated school. I understand that none of my child's academic or social records will be surrendered or sent to me or the next school at which my child may enroll if there are any outstanding debts owed to the withdrawing school. These include: tuition fees, after school program fees, and/or cost of books or materials and supplies belonging to the school that my child may have lost or damaged.

Parent's Name: _____

Parent's Signature: _____ Date: _____ Rev.20315

