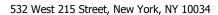
NORTHEASTERN ACADEMY

Student Withdrawal Form





CURRENT SCHOOL INFO																															
School																									D	ate					
Student's Name																					Ma	le					F	ema	le		
Date of Birth											Grade:						Withdrawal Date					е									
Parent/Guardian	dian Name Telephone											ne #:																			
Forwarding Address:																															
City:							State:							Zip:																	
REASON FOR WITHDRAWAL																															
	Transfer to Another Adventist School																														
	Transfer for another Private School																														
	Transfer to Public School																														
	Transfer out of State																														
	Transfer out of the United States – Name of Country:																														
	Home School																														
	Other:																														
NEW SCHOOL INFORMATION																															
Name of New School:																															
School Address																		T													
Phone #																Fax	#														
	This student has an active IEP, and is receiving Special Education services.																														
	This student has a 504 Plan.																														
Parent/Guardian Signature: Date:																															
Student educational records will be forwarded to the receiving school upon written request after Balance is paid in full.																															
FOR OFFICE USE ONLY																															
Date student records Sent									Sent By:																						