

STUDENT WITHDRAWAL FORM

Please note that by submitting Forest Trail Academy's withdrawal form, regardless of the withdrawal reason selected on this form, *does not exempt* you from your student's tuition. Please note that per our policy, tuition is due at date of enrollment.

However, as a courtesy, we offer payment plans to parents who are unable or unwilling to pay in full.

All past due accounts will be sent to collections. *Incomplete withdrawal forms will not be accepted.*

Student Name: _____ Email: _____

Date of Birth: / / Grade Level: Home Number: _____

REASON FOR WITHDRAWING: PLEASE SELECT REASON FOR WITHDRAWAL BELOW

1. Transfer to another school
 2. Expelled / Suspension
 3. Dropout
 4. Deceased
 5. Transfer to detention
 6. Illness/Medical Reason
 7. GED

If you selected, "1. Transfer to another school", please provide the following information:

Student Anticipated Start Date: / / School Name: _____

Complete School Address: _____

School Phone Number: _____ School Fax Number: _____

PAY REMAINING TUITION IN FULL: You may agree to pay the remaining tuition balance in full by completing this section. *If your tuition is paid in full, please skip.*

Remaining Tuition Balance: \$ _____ Process Payment Date: / /

PAY REMAINING TUITION IN PAYMENT PLAN: You may continue monthly payments until the current balance is paid in full. Academic records will be released once the balance is paid in full. *If your tuition is paid in full, please skip.*

Remaining Tuition Balance: \$ _____ Monthly Payment Day: _____ Monthly Payment Amount: \$ _____

IF YOU HAVE AN OUTSTANDING TUITION BALANCE, PLEASE COMPLETE THIS SECTION. IF TUITION IS PAID IN FULL, PLEASE SKIP.

Cardholder's Name: _____ CVV / Security Code: _____

Card Number: _____ Expiration Date: _____

Card Type: VISA AMEX DISCOVER MASTERCARD

Billing Address: _____

I authorize Forest Trail Academy to process the remaining balance of my account using the payment information provided above.

Cardholder's Signature: _____ Current Date: / /

I AUTHORIZE FOREST TRAIL ACADEMY TO WITHDRAW MY STUDENT FROM THEIR SCHOOL - (IF STUDENT IS OVER 18, THEY CAN SIGN)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Current Date: / /