

**Longview Christian Academy**

2200 W. Loop 281  
Longview, Texas 75604

**Withdrawal Form**

\_\_\_\_\_  
Student Name (one form per child)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Withdrawal requested by Parent

\_\_\_\_\_  
Withdrawal requested by School

I hereby acknowledge withdrawal of \_\_\_\_\_ from Longview Christian Academy effective \_\_\_\_\_. I also hereby authorize Longview Christian Academy to release records and grade transcripts to other schools upon written request from said institutions. I agree to return all books and properties to the school and to pay all accounts and fees as of this date.

\_\_\_\_\_  
*Parent's signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administration \_\_\_\_\_ Financial Secretary

Reason for Withdrawal-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*This form is not to be used as an official transcript request.

-----Office Use Only-----

Records Completed By: \_\_\_\_\_

*Office Signature*

\_\_\_\_\_  
Date