



Withdrawal Form

Parent/Guardian Name: _____

Home Phone Number: _____

Cell Phone Number: _____ E-mail: _____

Child's Full Name	Child's Birth Date*	Current Grade

Withdrawing to: _____
Name of School

Reason for Withdrawal: _____

All supplies, consumables and technology belonging to CGA has been returned to the school.

Yes ___ No ___ (Any unreturned items will be billed to parent)

Parent Signature: _____ Date: _____