



SACRAMENTO ADVENTIST ACADEMY

School Withdrawal Form

(This Section to be Completed by Parent)

Student Name _____ Grade _____

Date of Withdrawal _____

Parent Name _____

Home Address _____

City | State | Zip _____

Reason for Withdrawal

Name of New School _____

School Address _____

School Phone Number _____

Parent Signature

Date

Textbooks/Materials and Fees

(This Section to be Completed by the Office)

Textbooks _____

Other Materials _____

Fees and Fines _____

Principal Signature

Date