LODI ACADEMY

1230 S. Central Avenue Lodi, CA 95240 (209) 368-2781

WITHDRAWAL FORM

Date of Withdrawal:			
Student:	Grade:	Date of Birth:	
Steps for withdrawing your student:			
 Meet with the school Principal. 			
2. Meet with the Business Manager to discuss	financial arrang	ements.	
Return all textbooks.			
4. Complete this form.			
5. Return completed form to Registrar's Office			
If moving, provide new address:			
New School:		Phone:	
Address of New School:			
Reason for Withdrawal:			
Parent's Signature:	Dat	e:	