



## **Student Voluntary Withdrawal Form**

SYCAMORE VALLEY ACADEMY

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Student's Medication to Recover from Office: \_\_\_\_\_

\_\_\_\_\_

Student's Last Date of Attendance: \_\_\_\_\_

Name and District of New School: \_\_\_\_\_

Address of New School if Out of State: \_\_\_\_\_

New Residence Address: \_\_\_\_\_

Reason for Voluntary Withdrawal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By my signature below, I, \_\_\_\_\_, confirm that I have chosen to voluntarily withdraw my child, \_\_\_\_\_, from enrollment at Sycamore Valley Academy effective on the date of my signature and as indicated above. I further acknowledge and agree that my decision to withdraw my child from enrollment at Sycamore Valley Academy was made voluntarily and without any encouragement or prompting of any kind by Sycamore Valley Academy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

This Form Must be Completed Prior to the Release of Student's Transcripts & Cumulative File & Records

*For Office Use Only –*

Textbooks / Materials Returned: \_\_\_\_\_

Computer Returned: \_\_\_\_\_

Library Books Returned: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

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