



CHRISTIAN FELLOWSHIP ACADEMY

P.O. Box 1066

WARNER ROBINS, GA 31099

OFFICE: 478-975-0806 FAX: 478-975-0809

WWW.CFAEAGLES.ORG

Withdrawal Form

Date: _____

Student Name: _____

School Name: _____

Grade: _____

Term you are withdrawing from: _____

- Financial Reasons
- Discontent with Administration
- Discontent with School Office / Teacher
- School Policies
- Relocating
- Other

Reason: _____

This form is not valid without your signature. Your signature affirms your request to withdraw your child(ren) from Christian Fellowship Academy this term.

Parent Signature: _____ Date: _____

Office Use Only

Effective Date of Withdrawal: _____

Administrative Signature: _____

Form #1001 (Rev. 09/2008)