



Student Withdrawal Notice

Your opinion is important to us. Please complete all questions. Thank you.

1. Student's Full Name: _____ 2. Date of Birth: _____
(first name) (last name)

3. Grade/Section: _____ 4. Teacher(s): _____

5. The above student is (check all that apply):

- Withdrawing from the **current school year**. His/her last day of school will be _____
- Withdrawing **registration** for academic year _____
- Withdrawing his/her name from the **waiting list** for academic year _____
- Withdrawing from **extended care**. His/her last day of extended care will be _____

6. Do you have other children still enrolled in GIS? Yes No

7. Is the student moving out of the area? Yes No

8. If student is not moving out of the area, please rate the factors below in your decision to withdraw from GIS with 1 being very important and 5 being least important.

	<u>Most Important</u>			<u>Least Important</u>		
1. Financial cost of GIS	1	2	3	4	5	
2. Academic issues	1	2	3	4	5	
3. Social/Behavioral issues	1	2	3	4	5	
4. Special needs	1	2	3	4	5	
5. Other (please explain)						

9. School transferring to: _____ New school city & state: _____

10. Type of school transferring to: Public Charter Private Home schooling

11. Father's Name: _____ 12. Mother's Name: _____
(first name) (last name) (first name) (last name)

13. I understand that once registered, the July and August tuition are non-refundable and will still be processed after withdrawal. I also understand that I can submit a written request to the Principal asking for a waiver of this policy and for cancellation of the July and August tuition (subject to GIS Board approval).

14. _____
Signature of parent completing withdrawal notice

15. _____
Date

cc: Saima Linda Principal

Teachers: _____

For Office Use Only	FID: _____
Posted: <input type="checkbox"/> db <input type="checkbox"/> ach <input type="checkbox"/> fa <input type="checkbox"/> Basic Fund <input type="checkbox"/> sis	