



HOLY CROSS ACADEMY

It's About the Children!

Student Withdrawal Form

Student Information	
Student Name:	
Date of birth:	Current grade:
Homeroom teacher:	Last day in attendance:
Reason for withdrawal:	
Please forward student records to the following school:	
Name of school:	
Street address:	
City, State and Zip Code:	
Phone:	Fax:

I authorize the release of all necessary information to include:

- Academic transcripts*
- Standardized test scores*
- Current year grades to date*
- Attendance information*
- VA Entrance Physical
- Health & Immunization records
- Vision/hearing screening results

- Psychological/educational evaluations
- IEP/504 plan
- Speech/language evaluations
- Custody information/court decisions
- Discipline records

* In accordance with FERPA (Family Educational Rights and Privacy Act), records marked with an asterisk do not require parent signature for release.

I am formerly withdrawing the above named student from Holy Cross Academy. I give my permission to have the above records forwarded to the registrar's attention at the above address. *I understand that no records will be released until all student accounts are cleared.*

Signature of Parent or Legal Guardian

Date