

CAPITAL CHRISTIAN ACADEMY

*Accredited by The Middle States
Association of Colleges and Schools*

CAPITAL CHRISTIAN ACADEMY, LLC

WITHDRAWAL FORM

STUDENT'S NAME _____

GRADE _____

PARENT OR GUARDIAN NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

WITHDRAWAL DATE _____

NAME OF NEW SCHOOL _____

NEW SCHOOL ADDRESS _____

PHONE AND FAX _____

I hereby authorize Capital Christian Academy to forward my student's official school records.

PARENT'S SIGNATURE

DATE

NOTE: Student's records cannot be released until all financial obligations are met

WITHDRAWAL CHECKLIST (Office use only)

_____ Current tuition/fees met

_____ Class materials returned

_____ Athletic uniforms / equipment returned

Please Note:

Standard Withdrawal Fee is \$1000 USD

Regardless of the tuition payment plan elected, the parents or guardians are obligated to pay the full tuition for the entire semester and will not receive any refund of tuition in the event the child withdraws, transfers or is dismissed.

Capital Christian Academy

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WWW.CCASTORM.ORG