



# South Pointe Christian School Withdrawal Form

An official withdrawal request form and the \$100 withdrawal fee must be completed for students who withdraw. This process may take longer if the student has outstanding fees or school equipment. Upon the request, the student is to return all of his/her textbooks, library books, athletic uniforms and/or any equipment. Failure to return textbooks, library books, athletic uniforms and/or any equipment may delay the process.

- Only the parent /legal guardian who enrolled the student(s) may withdraw the student(s).
- South Pointe Christian School must have a copy of parent's driver's license or other state issued ID to begin the withdrawal process.
- Parents must provide the name of the school to which the student will be transferring. If the school is outside the state of South Carolina, please provide the state.

Date of Request: \_\_\_\_\_ Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Last Day with SPCS (Date): \_\_\_\_\_ School Enrolled: \_\_\_\_\_

**Please Select Reason for Withdrawal:**

- |  |   |
|--|---|
| <input type="checkbox"/> Moving out of state                           | <input type="checkbox"/> Homeschooling my child           |
| <input type="checkbox"/> Transferring my child to his/her zoned school | <input type="checkbox"/> Transferring to a private school |
| <input type="checkbox"/> Transferring to a charter school              | <input type="checkbox"/> Attending a GED program          |
| <input type="checkbox"/> Other: _____                                  |   |

**Please Print**

Name of New School: \_\_\_\_\_

Address of New School: \_\_\_\_\_

Family's New Address (if applicable): \_\_\_\_\_

Name Parent/Legal Guardian: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

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***School Use Only***

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Received By: \_\_\_\_\_

**Request Delayed:**

- |  |                       |
|--|-----------------------|
| <input type="checkbox"/> Textbook(s)       | Book(s)/Amount: _____ |
| <input type="checkbox"/> Uniform/Equipment | Item: _____           |
| <input type="checkbox"/> Library Book(s)   | Book(s): _____        |
| <input type="checkbox"/> Other             | _____                 |

Request Completed (Date): \_\_\_\_\_ School Personnel Signature: \_\_\_\_\_

**DO NOT REMOVE FROM PERMANENT RECORDS – DO NOT DESTROY**