



## REQUEST FOR STUDENT WITHDRAWAL

Last day of Attendance: \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of Student: \_\_\_\_\_

Campus: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Siblings @ FFCA:	Name:	Campus	Also Leaving?	
			Y	N
	_____	_____	Y	N
	_____	_____	Y	N
	_____	_____	Y	N

***PLEASE NOTE - High school students ONLY:***

***Before your withdrawal will be processed, we require you to set up an appointment with our High School Principal to discuss your transition to a new school. Please call the school office to set up an appointment (403) 243-3316.***

Reason for Withdrawal:

Name of New School

- ☐ Another Calgary School
- ☐ Move within Alberta
- ☐ Move within Canada
- ☐ Move to the USA
- ☐ Move outside Canada/USA
- ☐ Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Address (if moving):** \_\_\_\_\_

City \_\_\_\_\_ Prov\State \_\_\_\_\_ Postal Code \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Name - Please Print

\_\_\_\_\_  
Parent Signature

Office Use Only:



Student Information  
System



Forward to other Campuses



Refund requested



Refund Issued



Online Re-registration